| Fill in this information to identify your case: |                               |                                 |
|---|-------------------------------|---------------------------------|
| United States Bankruptcy Court for the:         |                               |                                 |
| WESTERN DISTRICT OF WASHINGTON                  | _                             |                                 |
| Case number (if known)                          | Chapter you are filing under: |                                 |
|   | ☐ Chapter 7                   |                                 |
|   | ☐ Chapter 11                  |                                 |
|   | ☐ Chapter 12                  |                                 |
|   | Chapter 13                    | Check if this an amended filing |

# Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pa | rt 1: Identify Yourself  |   |   |
|----|--|---|---|
|    |  | About Debtor 1:   | About Debtor 2 (Spouse Only in a Joint Case):                     |
| 1. | Your full name   |   |   |
|    | Write the name that is on your government-issued picture identification (for example, your driver's license or passport).  Bring your picture identification to your meeting with the trustee. | Paul First name  Michael Middle name  Heinrich Last name and Suffix (Sr., Jr., II, III) | First name  Middle name  Last name and Suffix (Sr., Jr., II, III) |
| 2. | All other names you have used in the last 8 years Include your married or maiden names.  |   |   |
| 3. | Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)  | xxx-xx-4923   |   |

Official Form 101

|    |  | About Debtor 1:   | About Debtor 2 (Spouse Only in a Joint Case):  |
|----|--|---|--|
| 4. | Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names | ■ I have not used any business name or EINs.  Business name(s)  | ☐ I have not used any business name or EINs.  Business name(s)  EINs   |
|    |  |   |  |
| 5. | Where you live   | 44040 Connedian Way   | If Debtor 2 lives at a different address:  |
|    |  | 14010 Cascadian Way Everett, WA 98208  Number, Street, City, State & ZIP Code   | Number Street City State 9 710 Code  |
|    |  | Snohomish   | Number, Street, City, State & ZIP Code   |
|    |  | County  | County   |
|    |  | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. |
|    |  | Number, P.O. Box, Street, City, State & ZIP Code  | Number, P.O. Box, Street, City, State & ZIP Code   |
| 6. | Why you are choosing this district to file for   | Check one:  | Check one:   |
|    | bankruptcy   | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                                | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                       |
|    |  | ☐ I have another reason.<br>Explain. (See 28 U.S.C. § 1408.)  | ☐ I have another reason.<br>Explain. (See 28 U.S.C. § 1408.)   |
|    |  |   |  |

| Deb | otor 1 Paul Michael Hein  | rich              |  |  |                                   | Case r                                  | number (if known)                                  |   |
|-----|---|-------------------|--|--|-----------------------------------|---|--|---|
|     |   |                   |  |  |                                   |   |  |   |
| Par | t 2: Tell the Court About   | Your Bank         | ruptcy Ca  | ise  |                                   |   |  |   |
| 7.  | The chapter of the Bankruptcy Code you are  |                   |  | orief description of each,<br>go to the top of page 1                |                                   |   | .C. § 342(b) for Individu                          | uals Filing for Bankruptcy  |
|     | choosing to file under  | ☐ Chap            | ter 7  |  |                                   |   |  |   |
|     |   | ☐ Chap            | ter 11   |  |                                   |   |  |   |
|     |   | ☐ Chap            | ter 12   |  |                                   |   |  |   |
|     |   | ■ Chap            | ter 13   |  |                                   |   |  |   |
| 8.  | How you will pay the fee  | abo<br>ord<br>a p | out how your<br>ler. If your<br>re-printed   | ou may pay. Typically, if y<br>attorney is submitting yo<br>address. | you are paying<br>our payment on  | the fee yourself,<br>your behalf, you   | you may pay with cash<br>ir attorney may pay with  | local court for more details, cashier's check, or money a credit card or check with                         |
|     |   |                   |  | ee in Installments (Officia  |                                   | , tilis option, sign                    | and attach the Applica                             | alon for maindadis to r ay  |
|     |   | but<br>app        | is not requies is not required in the second | uired to, waive your fee,  | and may do so<br>re unable to pay | only if your inco<br>the fee in install | me is less than 150% o<br>Iments). If you choose t | oter 7. By law, a judge may, of the official poverty line that his option, you must fill out your petition. |
| 9.  | Have you filed for  | □ No.             |  |  |                                   |   |  |   |
|     | bankruptcy within the last 8 years?   | Yes.              |  |  |                                   |   |  |   |
|     | •   |                   | District   | Washington   | When                              | 12/06/12                                | Case number  | 2:12-bk-22113   |
|     |   |                   | District   |  | When                              |   | Case number  |   |
|     |   |                   | District   |  | When                              |   | Case number  |   |
| 10. | Are any bankruptcy cases pending or being   | ■ No              |  |  |                                   |   |  |   |
|     | filed by a spouse who is<br>not filing this case with<br>you, or by a business<br>partner, or by an<br>affiliate? | ☐ Yes.            |  |  |                                   |   |  |   |
|     |   |                   | Debtor   |  |                                   |   | Relationship to y                                  | ou  |
|     |   |                   | District   |  | When                              |   | Case number, if                                    | known   |
|     |   |                   | Debtor   |  |                                   |   | Relationship to y                                  | ou  |
|     |   |                   | District   |  | When                              |   | Case number, if                                    | known   |
| 11. | Do you rent your residence?   | ■ No.             | Go to I  | line 12.   |                                   |   |  |   |
|     |   | ☐ Yes.            | Has yo   | our landlord obtained an   | eviction judgme                   | ent against you a                       | and do you want to stay                            | in your residence?  |
|     |   |                   |  | No. Go to line 12.   |                                   |   |  |   |
|     |   |                   |  | Yes. Fill out <i>Initial State</i> bankruptcy petition.              | ement About ar                    | Eviction Judgme                         | ent Against You (Form                              | 101A) and file it with this   |
|     |   |                   |  |  |                                   |   |  |   |

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| eb  | or 1 Paul Michael Hein  | rich                         |   |   | Case number (if known)   |
|-----|---|------------------------------|---|---|--|
| art | 3: Report About Any Bu  | ısinesses                    | You Owr                                 | n as a Sole Proprie                                   | etor   |
| 2.  | Are you a sole proprietor of any full- or part-time business?   | ■ No.                        | Go to                                   | Part 4.   |  |
|     |   | ☐ Yes.                       | Name                                    | and location of bus                                   | siness   |
|     | A sole proprietorship is a<br>business you operate as<br>an individual, and is not a<br>separate legal entity such<br>as a corporation,<br>partnership, or LLC. |                              | Name                                    | e of business, if any                                 |  |
|     | If you have more than one sole proprietorship, use a separate sheet and attach  |                              | Numb                                    | per, Street, City, Sta                                | tte & ZIP Code   |
|     | it to this petition.  |                              | Chec                                    | k the appropriate bo                                  | ox to describe your business:  |
|     |   |                              |   | Health Care Busin                                     | ness (as defined in 11 U.S.C. § 101(27A))  |
|     |   |                              |   | Single Asset Rea                                      | I Estate (as defined in 11 U.S.C. § 101(51B))  |
|     |   |                              |   | Stockbroker (as d                                     | defined in 11 U.S.C. § 101(53A))   |
|     |   |                              |   | Commodity Broke                                       | er (as defined in 11 U.S.C. § 101(6))  |
|     |   |                              |   | None of the above                                     | e  |
| 3.  | Are you filing under<br>Chapter 11 of the<br>Bankruptcy Code and are<br>you a small business<br>debtor?   | deadline operation in 11 U.S | s. If you in<br>ns, cash-f<br>S.C. 1116 | ndicate that you are<br>low statement, and<br>(1)(B). | court must know whether you are a small business debtor so that it can set appropriate a small business debtor, you must attach your most recent balance sheet, statement of federal income tax return or if any of these documents do not exist, follow the procedure |
|     | For a definition of <i>small</i> business debtor, see 11  | ■ No.                        |   | not filing under Chap<br>iling under Chapter          | 11, but I am NOT a small business debtor according to the definition in the Bankruptcy   |
|     | U.S.C. § 101(51D).  |                              | Code                                    |   |  |
|     |   | ☐ Yes.                       | I am f                                  | iling under Chapter                                   | 11 and I am a small business debtor according to the definition in the Bankruptcy Code.  |
| art | 4: Report if You Own or   | Have Any                     | / Hazardo                               | ous Property or An                                    | y Property That Needs Immediate Attention  |
| 4.  | Do you own or have any  | ■ No.                        |   |   |  |
|     | property that poses or is<br>alleged to pose a threat<br>of imminent and<br>identifiable hazard to  | ☐ Yes.                       | What is                                 | the hazard?   |  |
|     | public health or safety? Or do you own any property that needs immediate attention?   |                              |   | diate attention is why is it needed?                  |  |
|     | For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?   |                              | Where i                                 | s the property?                                       |  |
|     | a.gom ropuno.   |                              |   |   | Number, Street, City, State & Zip Code   |
|     |   |                              |   |   |  |
|     |   |                              |   |   |  |

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### Part 5:

### Explain Your Efforts to Receive a Briefing About Credit Counseling

# Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

# ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

### Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

# ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

### About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of:                               |

# ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

### ☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

# ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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| Deb | tor 1 Paul Michael Hein  | rich                 |                                      | Case number   | er (if known)   |
|-----|--|----------------------|--------------------------------------|---|---|
| Par | t 6: Answer These Questi                                       | ons for R            | eporting Purposes                    |   |   |
| 16. | What kind of debts do you have?                                | 16a.                 |                                      | onsumer debts? Consumer debts are defisional, family, or household purpose."                | ined in 11 U.S.C. § 101(8) as "incurred by an   |
|     |  |                      | ☐ No. Go to line 16b.                |   |   |
|     |  |                      | Yes. Go to line 17.                  |   |   |
|     |  | 16b.                 | Are your debts primarily b           | usiness debts? Business debts are debts estment or through the operation of the bus         |   |
|     |  |                      | ☐ No. Go to line 16c.                | Ç .   |   |
|     |  |                      | ☐ Yes. Go to line 17.                |   |   |
|     |  | 16c.                 | State the type of debts you          | owe that are not consumer debts or busines  | ss debts  |
|     |  |                      |                                      |   |   |
| 17. | Are you filing under Chapter 7?                                | ■ No.                | I am not filing under Chapte         | r 7. Go to line 18.   |   |
|     | Do you estimate that after any exempt property is excluded and | ☐ Yes.               |                                      | Do you estimate that after any exempt propagations to distribute to unsecured creditors     | perty is excluded and administrative expenses ?   |
|     | administrative expenses  |                      | □ No                                 |   |   |
|     | are paid that funds will be available for                      |                      | □Yes                                 |   |   |
|     | distribution to unsecured creditors?                           |                      |                                      |   |   |
| 18. | How many Creditors do  | <b>■</b> 1-49        |                                      | □ 1,000-5,000   | □ 25,001-50,000   |
|     | you estimate that you owe?                                     | ☐ 50-99              |                                      | <b>5</b> 001-10,000   | ☐ 50,001-100,000  |
|     | OWE:   | <b>1</b> 00-1        |                                      | ☐ 10,001-25,000   | ☐ More than100,000  |
|     |  | 200-9                | 99                                   |   |   |
| 19. | How much do you estimate your assets to                        | □ \$0 - \$           | ,                                    | ☐ \$1,000,001 - \$10 million  | □ \$500,000,001 - \$1 billion   |
|     | be worth?  |                      | 01 - \$100,000                       | □ \$10,000,001 - \$50 million □ \$50,000,001 - \$100 million                                | ☐ \$1,000,000,001 - \$10 billion<br>☐ \$10,000,000,001 - \$50 billion                   |
|     |  |                      | 001 - \$500,000<br>001 - \$1 million | □ \$100,000,001 - \$500 million   | ☐ More than \$50 billion  |
| 20. | How much do you  | □ \$0 - \$           | 50 000                               | ☐ \$1,000,001 - \$10 million  | ☐ \$500,000,001 - \$1 billion   |
|     | estimate your liabilities to be?                               |                      | 001 - \$100,000                      | □ \$10,000,001 - \$50 million   | □ \$1,000,000,001 - \$10 billion  |
|     | to be?   |                      | 001 - \$500,000                      | □ \$50,000,001 - \$100 million  | \$10,000,000,001 - \$50 billion   |
|     |  | <b>□</b> \$500,      | 001 - \$1 million                    | ☐ \$100,000,001 - \$500 million   | ☐ More than \$50 billion  |
| Par | 7: Sign Below  |                      |                                      |   |   |
| For | you  | I have ex            | amined this petition, and I de       | clare under penalty of perjury that the infor   | mation provided is true and correct.  |
|     |  |                      |                                      | 7, I am aware that I may proceed, if eligible relief available under each chapter, and I cl |   |
|     |  |                      |                                      | not pay or agree to pay someone who is not notice required by 11 U.S.C. § 342(b).           | ot an attorney to help me fill out this   |
|     |  | I request            | relief in accordance with the        | chapter of title 11, United States Code, spe  | ecified in this petition.   |
|     |  | bankrupt<br>and 3571 | cy case can result in fines up       | t, concealing property, or obtaining money of to \$250,000, or imprisonment for up to 20 y  | or property by fraud in connection with a years, or both. 18 U.S.C. §§ 152, 1341, 1519, |
|     |  | Paul Mi              | chael Heinrich e of Debtor 1         | Signature of Debto  | or 2  |
|     |  | · ·                  | d on October 30, 2017                | Executed on   |   |
|     |  |                      | MM / DD / YYYY                       |   | 1/DD/YYYY   |

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| Debtor 1 | Paul Michael Heinrich | Case number (if known) |  |
|----------|-----------------------|------------------------|--|
|          |                       | _                      |  |

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ Thomas D. Neeleman Signature of Attorney for Debtor              | Date          | October 30, 2017 MM / DD / YYYY |
|--|---------------|---------------------------------|
| Thomas D. Neeleman Printed name Neeleman Law Group, P.C.             |               |                                 |
| Firm name  |               |                                 |
| 1904 Wetmore Ave., Suite 200<br>Everett, WA 98201                    |               |                                 |
| Number, Street, City, State & ZIP Code  Contact phone (425) 212-4800 | Email address | courtmail@expresslaw.com        |
| 33980 Bar number & State   |               | _                               |

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| Fill    | in this                 | information to identify your                                      | case:                           |  |               |                                       |
|---------|-------------------------|---|---------------------------------|--|---------------|---------------------------------------|
|         | otor 1                  | Paul Michael Hei  |                                 |  |               |                                       |
|         |                         | First Name  | Middle Name                     | Last Name  |               |                                       |
|         | otor 2<br>use if, filir | ng) First Name  | Middle Name                     | Last Name  |               |                                       |
| Unit    | ed Sta                  | tes Bankruptcy Court for the:                                     | WESTERN DISTRICT                | OF WASHINGTON  |               |                                       |
| Cas     | e numl                  | oor.  |                                 |  |               |                                       |
| (if kno |                         | Jei   |                                 |  | ☐ Chec        | k if this is an                       |
|         |                         |   |                                 |  | amen          | ded filing                            |
|         |                         |   |                                 |  |               |                                       |
|         |                         | Form 106Sum   |                                 |  |               |                                       |
|         |                         | _ ·   |                                 | nd Certain Statistical Information e are filing together, both are equally responsible f               |               | 12/15                                 |
| infor   | rmatio                  | n. Fill out all of your schedul                                   | es first; then complete t       | he information on this form. If you are filing amend<br>the box at the top of this page.               |               |                                       |
| Part    | 1:                      | Summarize Your Assets   |                                 |  |               |                                       |
|         |                         |   |                                 |  | Your a        | ssets                                 |
|         |                         |   |                                 |  | Value         | of what you own                       |
| 1.      | Sche<br>1a. C           | dule A/B: Property (Official Fopy line 55. Total real estate, f   | orm 106A/B)<br>rom Schedule A/B |  | \$            | 280,200.00                            |
|         |                         |   |                                 |  | \$            | 26,138.00                             |
|         |                         |   |                                 |  | · <del></del> |                                       |
|         | 1c. C                   | opy line 63, Total of all propert                                 | y on Schedule A/B               |  | \$            | 306,338.00                            |
| Part    | t 2:                    | Summarize Your Liabilities  |                                 |  |               |                                       |
|         |                         |   |                                 |  |               | iabilities<br>nt you owe              |
| _       | 0.1                     |   |                                 | (0%: 15 (000)  | Amour         | it you owe                            |
| 2.      |                         | dule D: Creditors Who Have Co<br>opy the total you listed in Colu |                                 | y (Official Form 106D)<br>the bottom of the last page of Part 1 of <i>Schedule D</i>                   | \$            | 239,691.00                            |
| 3.      | Sche                    | dule E/F: Creditors Who Have                                      | Unsecured Claims (Official      | al Form 106E/F)  | \$            | 3,300.00                              |
|         |                         |   |                                 | ns) from line 6e of Schedule E/F   | · <del></del> | · · · · · · · · · · · · · · · · · · · |
|         | 3b. C                   | opy the total claims from Part                                    | 2 (nonpriority unsecured of     | claims) from line 6j of Schedule E/F   | \$            | 0.00                                  |
|         |                         |   |                                 | Your total liabilities   | . @           | 242 004 00                            |
|         |                         |   |                                 | Tour total nabilities  | Φ             | 242,991.00                            |
| Part    | t 3:                    | Summarize Your Income and   | I Expenses                      |  |               |                                       |
| 4.      | Sche                    | dule I: Your Income (Official Fo                                  | orm 106l)                       |  |               |                                       |
|         |                         |   |                                 | e I  | \$            | 4,267.00                              |
| 5.      |                         | dule J: Your Expenses (Official                                   |                                 |  | \$            | 1,595.00                              |
| Part    |                         | Answer These Questions for  |                                 |  |               |                                       |
| 6.      |                         | ou filing for bankruptcy und                                      |                                 |  |               |                                       |
| 0.      | -                       | •   | • • • •                         | c<br>Check this box and submit this form to the court with yo  | our other sc  | hedules.                              |
|         |                         | Yes   |                                 |  |               |                                       |
| 7.      | What                    | kind of debt do you have?   |                                 |  |               |                                       |
|         |                         |   |                                 | debts are those "incurred by an individual primarily for 9g for statistical purposes. 28 U.S.C. § 159. | a personal    | , family, or                          |
|         |                         | Your debts are not primarily he court with your other sched       |                                 | ave nothing to report on this part of the form. Check the  | s box and s   | submit this form to                   |

Official Form 106Sum Summary of Your Assets and Liabilities and Certain Statistical Information

page 1 of 2

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Best Case Bankruptcy

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

6,044.83

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

|  | Total cla | aim      |
|--|-----------|----------|
| From Part 4 on Schedule E/F, copy the following:   |           |          |
| 9a. Domestic support obligations (Copy line 6a.)   | \$        | 0.00     |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)  | \$        | 3,300.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)  | \$        | 0.00     |
| 9d. Student loans. (Copy line 6f.)   | \$        | 0.00     |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$        | 0.00     |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)                                       | +\$       | 0.00     |
| 9g. <b>Total.</b> Add lines 9a through 9f.   | \$        | 3,300.00 |

|  | Paul Wiichae   | l Heinrich   |                |  |   |  |   |
|--|--|--------------|----------------|--|---|--|---|
|  | First Name   | Middle       | Name           | Last Name  |   |  |   |
| Debtor 2<br>Spouse, if filing)         | First Name   | Middle       | Name           | Last Name  |   |  |   |
| Inited States Ba                       | ankruptcy Court for  | the: WESTERN | DISTRI         | ICT OF WASHINGTON  |   |  |   |
| case number                            |  |              |                |  |   |  | ☐ Check if this is an amended filing  |
|  | orm 106A/B   | -            |                |  |   |  |   |
| Schedul                                | le A/B: Pr   | operty       |                |  |   |  | 12/15   |
| ☐ No. Go to Pa                         | art 2.   |              |                |  |   |  |   |
| ☐ No. Go to Pa  Yes. Where             |  |              |                |  |   |  |   |
| Yes. Where                             | is the property?   |              | What           | is the property? Check all that apply  |   |  |   |
| Yes. Where                             |  | cription     | What<br>■<br>□ | is the property? Check all that apply Single-family home Duplex or multi-unit building Condominium or cooperative  | the amount  | of any secured   | nims or exemptions. Put<br>d claims on Schedule D:<br>ns Secured by Property.   |
| Yes. Where  14010 Ca  Street address   | is the property?  Scadian Way s, if available, or other des            | 98208-0000   |                | Single-family home Duplex or multi-unit building Condominium or cooperative  Manufactured or mobile home Land  | Current valentire prop  | of any secured<br>tho Have Clain<br>lue of the<br>serty?   | d claims on Schedule D: ns Secured by Property.  Current value of the portion you own?                                      |
| Yes. Where  1 14010 Ca  Street address | is the property?  Scadian Way s, if available, or other des            |              |                | Single-family home Duplex or multi-unit building Condominium or cooperative  Manufactured or mobile home Land Investment property Timeshare Other has an interest in the property? Check one | Current val entire prop \$28  Describe the (such as fe a life estate) | of any secured the Have Clain lue of the lerty?  60,200.00 he nature of your simple, tense), if known. | d claims on Schedule D:<br>ns Secured by Property.  Current value of the  |
| Yes. Where  14010 Ca  Street address   | is the property?  Scadian Way s, if available, or other des  WA  State | 98208-0000   |                | Single-family home Duplex or multi-unit building Condominium or cooperative  Manufactured or mobile home Land Investment property Timeshare Other  | Current val entire prop \$28  Describe the (such as fee               | of any secured the Have Clain lue of the lerty?  60,200.00 he nature of your simple, tense), if known. | d claims on Schedule D: ns Secured by Property.  Current value of the portion you own? \$280,200.00  our ownership interest |

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Official Form 106A/B Schedule A/B: Property page 1

| Debto        | or 1 <b>P</b> | aul Michael Heinrich                    |  | Case number <i>(if known)</i>        |              |   |
|--------------|---------------|---|--|--------------------------------------|--------------|---|
| 3. <b>Ca</b> | rs, vans,     | trucks, tractors, sport utility ve      | ehicles, motorcycles   |                                      |              |   |
|              |               | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | , , ,  |                                      |              |   |
|              | No            |   |  |                                      |              |   |
| •            | r'es          |   |  |                                      |              |   |
|              |               |   |  | D (11)                               |              |   |
| 3.1          | Make:         | Jeep                                    | Who has an interest in the property? Check one   |                                      |              | s or exemptions. Put aims on Schedule D:                      |
|              | Model:        | CJ5                                     | ■ Debtor 1 only  | Creditors Who Ha                     | ave Claims   | Secured by Property.  |
|              | Year:         | 1971                                    | Debtor 2 only  | Current value of                     | the C        | urrent value of the   |
|              |               | nate mileage: <b>250,000</b>            | Debtor 1 and Debtor 2 only   | entire property?                     | р            | ortion you own?   |
|              |               | formation:                              | ☐ At least one of the debtors and another  |                                      |              |   |
|              |               | n Odometer<br>on: 14010 Cascadian       | ☐ Check if this is community property  | \$6,60                               | 0.00         | \$6,600.00  |
|              |               | Everett WA 98208                        | (see instructions)   |                                      |              |   |
|              | ,ay, <u>_</u> |   |  |                                      |              |   |
| 3.2          | Make:         | Ford                                    | Who has an interest in the property? Observe   | Do not deduct se                     | cured claim: | s or exemptions. Put  |
| 3.2          |               | F350                                    | Who has an interest in the property? Check one   |                                      |              | aims on Schedule D:   |
|              | Model:        |   | ■ Debtor 1 only  | Creditors who Ha                     |              | Secured by Property.  |
|              | Year:         | 2006 nate mileage: 160,000              | Debtor 2 only  | Current value of<br>entire property? |              | urrent value of the ortion you own?                           |
|              |               | formation:                              | ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another                       | entire property?                     | р            | ortion you own:   |
|              |               | on: 14010 Cascadian                     | At least one of the deptors and another  |                                      |              |   |
|              |               | Everett WA 98208                        | ☐ Check if this is community property  | \$12,01                              | 3.00         | \$12,013.00   |
|              |               |   | (see instructions)   |                                      |              |   |
| 4.1          | res<br>Make:  | Wellcraft                               | Who has an interest in the property? Check one   |                                      |              |   |
| 7.1          | Model:        | 233 Eclipse                             | ■ Debtor 1 only  | the amount of any                    | y secured cl | s or exemptions. Put aims on Schedule D: Secured by Property. |
|              | Year:         | 1990                                    | Debtor 2 only  | Current value of                     |              | Surrent value of the  |
|              |               |   | Debtor 1 and Debtor 2 only   | entire property?                     |              | ortion you own?   |
|              | Other inf     | formation:                              | ☐ At least one of the debtors and another  |                                      |              |   |
|              |               | on: 14010 Cascadian<br>Everett WA 98208 | ☐ Check if this is community property (see instructions)                                     | \$5,500                              | .00          | \$5,500.00  |
|              | 110.3,        |   |  |                                      |              |   |
|              |               |   |  |                                      |              |   |
|              |               |   | wn for all of your entries from Part 2, including  |                                      |              | \$24,113.00   |
| .pa          | ges you       | nave attached for Part 2. Write         | that number here   | =>                                   |              | <del></del>   |
| Dows 2       | Dogori        | he Verr Dersenel and Herrebald I        | toma.  |                                      |              |   |
|              |               | be Your Personal and Household I        | nterest in any of the following items?   |                                      | Cur          | rent value of the   |
| DO y         | ou own c      | inave any legal of equitable in         | increase in any or the following hema:   |                                      |              | tion you own?   |
|              |               |   |  |                                      |              | not deduct secured  |
| 6. <b>Ho</b> | usehold       | goods and furnishings                   |  |                                      | ciali        | ms or exemptions.   |
|              |               | Major appliances, furniture, linen      | s, china, kitchenware  |                                      |              |   |
|              | No            |   |  |                                      |              |   |
|              | Yes. De       | scribe                                  |  |                                      |              |   |
|              |               | B. 44 -                                 | 0) 14   (0400) 5   (4:50) 5  | (0.100)                              |              |   |
|              |               |   | 0), Washer (\$100), Dryer (\$100), Refrigerat  |                                      |              |   |
|              |               |   | Dishes/Silverware (\$30), Beds/Bedding (\$1<br>reseat (\$50), Television (\$50), Misc. Tools |                                      |              |   |
|              |               | Misc. Yard Car                          |  | (+ .00),                             |              |   |
|              |               |   | 0 Cascadian Way, Everett WA 98208  |                                      | _            | \$1,620.00  |
|              |               |   |  |                                      |              |   |

| D   | ebtor 1                | Paul Michael Heinrich Case number (if known)   |  |
|-----|------------------------|--|--|
| 7.  | ■ No                   | cs s: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music concluding cell phones, cameras, media players, games Describe | ollections; electronic devices                               |
| 3.  | Collectib              | les of value s: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, other collections, memorabilia, collectibles  | or baseball card collections;                                |
|     | ☐ Yes. I               | Describe   |  |
| ).  |                        | nt for sports and hobbies s: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes a musical instruments                  | and kayaks; carpentry tools;                                 |
|     | _                      | Describe   |  |
| 10  | ■ No                   | es: Pistols, rifles, shotguns, ammunition, and related equipment   |  |
| 11  | ⊔ Yes. I<br>. Clothes  | Describe   |  |
|     | Exampl<br>☐ No         | es: Everyday clothes, furs, leather coats, designer wear, shoes, accessories  Describe   |  |
|     | <b>—</b> 163. 1        | Clothing (\$200)   |  |
|     |                        | Location: 14010 Cascadian Way, Everett WA 98208  | \$200.00   |
| 12  | ■ No                   | es: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, g<br>Describe   | old, silver  |
| 13  | Exampl                 | m animals es: Dogs, cats, birds, horses Describe   |  |
|     |                        | Dog (Nominal)<br>Location: 14010 Cascadian Way, Everett WA 98208   | \$0.00   |
| 4   | ■ No                   | er personal and household items you did not already list, including any health aids you did not list  Give specific information  |  |
| 15  |                        | e dollar value of all of your entries from Part 3, including any entries for pages you have attached t 3. Write that number here   | \$1,820.00   |
|     |                        | cribe Your Financial Assets n or have any legal or equitable interest in any of the following?   | Current value of the   |
|     |                        |  | portion you own? Do not deduct secured claims or exemptions. |
| 6   | Cash Exampl ■ No □ Yes | es: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petitio   | on   |
| Դfi | ficial Form            | 106A/R Schedule A/R: Property  | nage 3   |

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| De  | ebtor 1           | Paul Micl   | nael Heinri             | ch                                     | Case number (if known)   |                            |
|-----|-------------------|---|-------------------------|--|--|----------------------------|
| 17. | Exam <sub>l</sub> |   | g, savings, o           |  | unts; certificates of deposit; shares in credit unions, brokerage how with the same institution, list each.                              | uses, and other similar    |
|     | □ No<br>■ Yes     |   |                         |  | Institution name:  |                            |
|     |                   |   | 17.1.                   | Checking 0256                          | Wells Fargo  | \$200.00                   |
|     |                   |   | 17.2.                   | Savings 3443                           | Wells Fargo  | \$5.00                     |
| 18. |                   |   |                         |  | kerage firms, money market accounts  |                            |
|     | ☐ Yes             |   |                         | Institution or issuer n                | iame:  |                            |
|     |                   | ublicly trade<br>venture                          | d stock and             | interests in incorpo                   | rated and unincorporated businesses, including an interest in  | າ an LLC, partnership, and |
|     | ☐ Yes.            | Give specific                                     |                         | about them<br>me of entity:            | % of ownership:  |                            |
| 20. | Negoti            | iable instrume                                    | e <i>nt</i> s include p | personal checks, cash                  | tiable and non-negotiable instruments hiers' checks, promissory notes, and money orders. hiers to someone by signing or delivering them. |                            |
|     | ■ No              |   |                         |  |  |                            |
|     | ⊔ Yes.            | Give specific                                     |                         | about them<br>uer name:                |  |                            |
| 21. |                   | ment or pens<br>ples: Interests                   |                         |  | 03(b), thrift savings accounts, or other pension or profit-sharing pla   | ıns                        |
|     |                   | List each acc                                     |                         | tely.<br>of account:                   | Institution name:  |                            |
| 22. | Your s<br>Examp   | ty deposits a<br>share of all un<br>oles: Agreeme | used deposit            | ts you have made so                    | that you may continue service or use from a company public utilities (electric, gas, water), telecommunications companies                | s, or others               |
|     | ■ No □ Yes.       |   |                         |  | Institution name or individual:  |                            |
| 23. | Annuit ■ No       | ies (A contra                                     | ct for a perio          | dic payment of money                   | y to you, either for life or for a number of years)  |                            |
|     | ☐ Yes             |   | Issuer nam              | ne and description.                    |  |                            |
| 24. |                   |   |                         | n an account in a qu<br>and 529(b)(1). | ualified ABLE program, or under a qualified state tuition progr  | am.                        |
|     | ☐ Yes             |   | Institution r           | name and description.                  | . Separately file the records of any interests.11 U.S.C. § 521(c):   |                            |
| 25. | Trusts            | , equitable o                                     | r future inte           | rests in property (ot                  | ther than anything listed in line 1), and rights or powers exerc   | isable for your benefit    |
|     |                   | Give specific                                     | information             | about them                             |  |                            |
|     |                   |   |                         |  | d other intellectual property ds from royalties and licensing agreements   |                            |

 $\hfill \square$  Yes. Give specific information about them...

| D  | ebtor 1          | Paul Michael Heinrich   |  | Case number (if known)                 |   |
|----|------------------|---|--|--|---|
| 27 |                  | es, franchises, and other general interest Building permits, exclusive license  | tangibles<br>es, cooperative association holdings, lic                   | quor licenses, professional license    | S   |
|    | _                | Give specific information about them  |  |  |   |
| M  | oney or p        | property owed to you?   |  |  | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 28 | ■ No             | unds owed to you  Give specific information about them, i   | including whether you already filed the                                  | returns and the tax years              |   |
| 29 | ■ No             |   | pousal support, child support, maintena                                  | nce, divorce settlement, property s    | settlement  |
| 30 |                  | mounts someone owes you<br>les: Unpaid wages, disability insurance<br>benefits; unpaid loans you made                   | e payments, disability benefits, sick pay<br>to someone else             | /, vacation pay, workers' compens      | sation, Social Security   |
| 31 | ☐ Yes.           | Give specific information  s in insurance policies les: Health, disability, or life insurance                           | e; health savings account (HSA); credit,                                 | homeowner's, or renter's insurance     | ce  |
|    | ■ No<br>□ Yes. I | Name the insurance company of each<br>Company name  |  | Beneficiary:                           | Surrender or refund value:  |
| 32 | If you a someon  | erest in property that is due you fro re the beneficiary of a living trust, exp ne has died.  Give specific information | om someone who has died<br>nect proceeds from a life insurance polic     | cy, or are currently entitled to recei | ve property because   |
| 33 | Examp ■ No       | against third parties, whether or no les: Accidents, employment disputes,  Describe each claim                          | ot you have filed a lawsuit or made a insurance claims, or rights to sue | demand for payment                     |   |
| 34 | ■ No             | ontingent and unliquidated claims   | of every nature, including countercla                                    | nims of the debtor and rights to       | set off claims  |
| 35 | _ `              | ancial assets you did not already lis   | st   |  |   |
|    | ■ No<br>□ Yes.   | Give specific information   |  |  |   |
| 36 |                  |   | from Part 4, including any entries fo                                    |  | \$205.00  |
| Pa | art 5: Des       | cribe Any Business-Related Property Yo  | ou Own or Have an Interest In. List any rea                              | al estate in Part 1.                   |   |
|    | No. Go           | wn or have any legal or equitable interes<br>to Part 6.<br>o to line 38.  | st in any business-related property?                                     |  |   |

| Deb          | tor 1 Paul Michael Heinrich   |                        | Case number (if known)       |              |
|--------------|---|------------------------|------------------------------|--------------|
| Part         | Describe Any Farm- and Commercial Fishing-Related Property You If you own or have an interest in farmland, list it in Part 1. | Own or Have an Interes | st In.                       |              |
| 46. <b>[</b> | oo you own or have any legal or equitable interest in any farm-   | or commercial fishir   | g-related property?          |              |
|              | No. Go to Part 7.   |                        |                              |              |
|              | Yes. Go to line 47.   |                        |                              |              |
| Part         | 7: Describe All Property You Own or Have an Interest in That You  | Did Not List Above     |                              |              |
|              | Oo you have other property of any kind you did not already list?  Examples: Season tickets, country club membership           | •                      |                              |              |
|              | No  |                        |                              |              |
|              | Yes. Give specific information  |                        |                              |              |
| 54.          | Add the dollar value of all of your entries from Part 7. Write that   | at number here         |                              | \$0.00       |
| Part         | List the Totals of Each Part of this Form   |                        |                              |              |
| 55.          | Part 1: Total real estate, line 2   |                        | <u> </u>                     | \$280,200.00 |
| 56.          | Part 2: Total vehicles, line 5  | \$24,113.00            |                              |              |
| 57.          | Part 3: Total personal and household items, line 15   | \$1,820.00             |                              |              |
| 58.          | Part 4: Total financial assets, line 36   | \$205.00               |                              |              |
| 59.          | Part 5: Total business-related property, line 45  | \$0.00                 |                              |              |
| 60.          | Part 6: Total farm- and fishing-related property, line 52   | \$0.00                 |                              |              |
| 61.          | Part 7: Total other property not listed, line 54 +  | \$0.00                 |                              |              |
| 62.          | Total personal property. Add lines 56 through 61  | \$26,138.00            | Copy personal property total | \$26,138.00  |

63. Total of all property on Schedule A/B. Add line 55 + line 62

\$306,338.00

| Debtor 1            | Paul Michael Heir        | nrich              |           |                                      |
|---------------------|--------------------------|--------------------|-----------|--------------------------------------|
|                     | First Name               | Middle Name        | Last Name |                                      |
| Debtor 2            |                          |                    |           |                                      |
| (Spouse if, filing) | First Name               | Middle Name        | Last Name |                                      |
| Case number         | ankruptcy Court for the: | WESTERN DISTRICT C |           |                                      |
| (if known)          |                          |                    |           | ☐ Check if this is ar amended filing |

Schedule C. The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on Schedule A/B: Property (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of Part 2: Additional Page as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| Pa | rt 1: Identify the Property You Claim as I   | Exempt                               |  |   |                                    |  |  |  |  |  |  |
|----|--|--------------------------------------|--|---|------------------------------------|--|--|--|--|--|--|
| 1. | Which set of exemptions are you claiming   | ? Check one only, eve                | n if yo                                | ur spouse is filing with you.                                   |                                    |  |  |  |  |  |  |
|    | ☐ You are claiming state and federal nonbar  | nkruptcy exemptions.                 | 11 U.S                                 | S.C. § 522(b)(3)  |                                    |  |  |  |  |  |  |
|    | ■ You are claiming federal exemptions. 11  | U.S.C. § 522(b)(2)                   |  |   |                                    |  |  |  |  |  |  |
| 2. | For any property you list on Schedule A/B that you claim as exempt, fill in the information below. |                                      |  |   |                                    |  |  |  |  |  |  |
|    | Brief description of the property and line on<br>Schedule A/B that lists this property             | Current value of the portion you own | Amount of the exemption you claim      |   | Specific laws that allow exemption |  |  |  |  |  |  |
|    |  | Copy the value from<br>Schedule A/B  | Check only one box for each exemption. |   |                                    |  |  |  |  |  |  |
|    | 14010 Cascadian Way Everett, WA<br>98208 Snohomish County  | \$280,200.00                         |  | \$12,489.00   | 11 U.S.C. § 522(d)(1)              |  |  |  |  |  |  |
|    | Line from Schedule A/B: 1.1  |                                      |  | 100% of fair market value, up to any applicable statutory limit |                                    |  |  |  |  |  |  |
|    | 1971 Jeep CJ5 250,000 miles<br>Broken Odometer   | \$6,600.00                           |  | \$5,194.30  | 11 U.S.C. § 522(d)(5)              |  |  |  |  |  |  |
|    | Location: 14010 Cascadian Way,<br>Everett WA 98208<br>Line from Schedule A/B: 3.1                  |                                      |  | 100% of fair market value, up to any applicable statutory limit |                                    |  |  |  |  |  |  |
|    | 2006 Ford F350 160,000 miles<br>Location: 14010 Cascadian Way,                                     | \$12,013.00                          |  | \$3,775.00  | 11 U.S.C. § 522(d)(2)              |  |  |  |  |  |  |
|    | Everett WA 98208<br>Line from Schedule A/B: 3.2  |                                      |  | 100% of fair market value, up to any applicable statutory limit |                                    |  |  |  |  |  |  |
|    | 2006 Ford F350 160,000 miles<br>Location: 14010 Cascadian Way,                                     | \$12,013.00                          |  | \$7,036.70  | 11 U.S.C. § 522(d)(5)              |  |  |  |  |  |  |
|    | Everett WA 98208 Line from Schedule A/B: 3.2   |                                      |  | 100% of fair market value, up to any applicable statutory limit |                                    |  |  |  |  |  |  |

Official Form 106C

Schedule C: The Property You Claim as Exempt

page 1 of 2

| De | btor 1                                 | Pau   | ul Michael Heinrich   |                                      |         | Case number (if known)  |                                    |
|----|--|---|---|--------------------------------------|---------|---|------------------------------------|
|    |  |   | iption of the property and line on<br>4/B that lists this property  | Current value of the portion you own | Am      | ount of the exemption you claim                                 | Specific laws that allow exemption |
|    |  |   |   | Copy the value from<br>Schedule A/B  | Che     | eck only one box for each exemption.                            |                                    |
|    |  |   | ve (\$40), Washer (\$100),<br>100), Refrigerator (\$100),   | \$1,620.00                           |         | \$1,620.00  | 11 U.S.C. § 522(d)(3)              |
|    | (\$30<br>(\$50<br>(\$50<br>Card<br>Loc | ve (\$<br>)), Be<br>)), So<br>)), Mi<br>e Iter<br>ation | 100), Dishes/Silverware eds/Bedding (\$100), Chairs ofa/Loveseat (\$50), Television sc. Tools (\$400), Misc. Yard ns (\$500) 1: 14010 Cascadian Schedule A/B: 6.1 |                                      |         | 100% of fair market value, up to any applicable statutory limit |                                    |
|    |  |   | (\$200)<br>n: 14010 Cascadian Way,  | \$200.00                             |         | \$200.00  | 11 U.S.C. § 522(d)(3)              |
|    | Eve                                    | rett \  | NA 98208<br>Schedule A/B: 11.1  |                                      |         | 100% of fair market value, up to any applicable statutory limit |                                    |
|    |  |   | minal)<br>n: 14010 Cascadian Way,   | \$0.00                               |         | \$0.00  | 11 U.S.C. § 522(d)(3)              |
|    | Eve                                    | rett \  | NA 98208<br>Schedule A/B: 13.1  |                                      |         | 100% of fair market value, up to any applicable statutory limit |                                    |
|    |  |   | g 0256: Wells Fargo<br>Schedule A/B: 17.1   | \$200.00                             |         | \$200.00  | 11 U.S.C. § 522(d)(5)              |
|    | LINE                                   | nom   | Scredule A.B. 11.1  |                                      |         | 100% of fair market value, up to any applicable statutory limit |                                    |
|    |  | _   | 3443: Wells Fargo<br>Schedule A/B: 17.2   | \$5.00                               |         | \$5.00  | 11 U.S.C. § 522(d)(5)              |
|    | LITIC                                  | nom   | ochedate 742. TTL   |                                      |         | 100% of fair market value, up to any applicable statutory limit |                                    |
| 3. | (Sub                                   |   | laiming a homestead exemption of adjustment on 4/01/19 and every 3  |                                      |         | led on or after the date of adjustmer                           | nt.)                               |
|    | _                                      |   | Did you acquire the property covers   | ed by the exemption w                | ithin 1 | ,215 days before you filed this case                            | ?                                  |
|    | _                                      |   | No  | o of the exemption w                 |         | ,= 10 days bololo you mod tills odso                            | •                                  |
|    |  |   | Yes   |                                      |         |   |                                    |

Official Form 106C

| Fill in this informa                 | tion to identify you                         | ır case:  |                            |  |                             |
|--------------------------------------|--|---|----------------------------|--|-----------------------------|
| Debtor 1                             | Paul Michael He                              |   |                            |  |                             |
|                                      | First Name                                   | Middle Name Last Nam  | е                          | -  |                             |
| Debtor 2<br>(Spouse if, filing)      | First Name                                   | Middle Name Last Nam  | Δ                          | _  |                             |
|                                      |  |   |                            |  |                             |
| United States Bank                   | ruptcy Court for the                         | WESTERN DISTRICT OF WASHINGTO   | JIN                        | -  |                             |
| Case number                          |  |   |                            |  |                             |
| (if known)                           |  |   |                            | _  | if this is an<br>ded filing |
|                                      |  |   |                            |  | aca iiiiig                  |
| Official Form                        |  |   |                            |  |                             |
| Schedule D                           | : Creditors                                  | Who Have Claims Secu  | red by Propert             | У  | 12/15                       |
|                                      |  | If two married people are filing together, both a<br>out, number the entries, and attach it to this for |                            |  |                             |
| 1. Do any creditors ha               | ve claims secured by                         | vour property?  |                            |  |                             |
|                                      |  | his form to the court with your other schedule  | s. You have nothing else t | to report on this form.                      |                             |
| _                                    | I of the information                         | ·   | <b>3</b>                   |  |                             |
| Part 1: List All S                   | Secured Claims                               |   |                            |  |                             |
| •                                    |  | more than one secured claim, list the creditor sepa   | Column A                   | Column B                                     | Column C                    |
| for each claim. If more              | e than one creditor has                      | a particular claim, list the other creditors in Part 2.<br>cal order according to the creditor's name.  |                            | Value of collateral that supports this claim | Unsecured portion If any    |
| 2.1 Ditech                           |  | Describe the property that secures the claim:   | \$239,691.00               | \$280,200.00                                 | \$0.00                      |
| Creditor's Name                      |  | 14010 Cascadian Way Everett, WA 98208 Snohomish County  |                            |  |                             |
| Attn: Bankr                          |  | As of the date you file, the claim is: Check all th   |                            |  |                             |
| Po Box 617                           |  | apply.  | at                         |  |                             |
| Rapid City,                          |  | Contingent  |                            |  |                             |
| Number, Street, Ci                   | ty, State & Zip Code                         | ☐ Unliquidated ☐ Disputed   |                            |  |                             |
| Who owes the debt                    | ? Check one.                                 | Nature of lien. Check all that apply.   |                            |  |                             |
| ■ Debtor 1 only                      |  | ☐ An agreement you made (such as mortgage of  | or secured                 |  |                             |
| Debtor 2 only                        |  | car loan)   |                            |  |                             |
| Debtor 1 and Debt                    | •  | ☐ Statutory lien (such as tax lien, mechanic's lie  | n)                         |  |                             |
| At least one of the                  |  | Judgment lien from a lawsuit  |                            |  |                             |
| ☐ Check if this clair community debt | n relates to a                               | Other (including a right to offset) Mortga  | ge                         |  |                             |
| Date debt was incurr                 | Opened<br>04/08 Last<br>Active<br>ed 3/14/16 | Last 4 digits of account number 27  | 33                         |  |                             |
|                                      | •  | olumn A on this page. Write that number here:   | \$239,69<br>\$239,69       |  |                             |

# Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

page 1 of 1

| FIII I        | n this inforn  | nation to identify your c                                      | ase:                              |                     |               |                                     |                |  |                   |
|---------------|--|--|-----------------------------------|---------------------|---------------|-------------------------------------|----------------|--|-------------------|
| Debt          | tor 1  | Paul Michael Hein  |                                   |                     |               |                                     |                |  |                   |
| Dobt          | ior 0  | First Name   | Middle Name                       | Last Nam            | е             |                                     |                |  |                   |
| Debt<br>(Spou | or ∠<br>se if, filing)   | First Name   | Middle Name                       | Last Nam            | e             |                                     |                |  |                   |
| Unite         | ed States Bar  | nkruptcy Court for the:  | WESTERN DISTRICT O                | F WASHINGTO         | N             |                                     |                |  |                   |
|               |  |  |                                   |                     |               |                                     |                |  |                   |
| (if kno       | e number<br>wn)  |  |                                   |                     |               |                                     | -              | I Check if                                       | f this is an      |
|               |  |  |                                   |                     |               |                                     | _              | amende   |                   |
| Off:          | oial Farm  | n 106E/F   |                                   |                     |               |                                     |                |  |                   |
|               |  |  | no Have Unsecu                    | red Claim           | c             |                                     |                |  | 12/15             |
|               |  |  | Part 1 for creditors with PF      |                     |               | or creditors with N                 | ONDRIGRITY     | claime Lie                                       |                   |
| 2. L          | Do any credito  No. Go to Post  Yes.  List all of your dentify what types. | priority unsecured claims<br>be of claim it is. If a claim has |                                   | amounts, list that  | claim here    | and show both priori                | ty and nonprio | rity amounts                                     | s. As much as     |
|               |  | •  | icular claim, list the other cre- |                     | booklet.)     | Total claim                         | Priority       |  | Nonpriority       |
| 2.1           | IRS  |  | Last 4 digits of                  | account number      |               | \$3,300.0                           | amount<br>00   | \$0.00   | amount \$3,300.00 |
|               | Priority Cre   | editor's Name  |                                   |                     | 2040          |                                     | <u>~</u>       | <del>-                                    </del> | Ψο,σσοισσ         |
|               | P.O. Bo  | ized Insolvency<br>x 7346                                      | When was the d                    | iebt incurred?      | 2016          |                                     |                |  |                   |
|               |  | lphia, PA 19101-7346   |                                   |                     |               |                                     |                |  |                   |
|               |  | treet City State Zlp Code  d the debt? Check one.              | _                                 | ou file, the claim  | is: Check     | all that apply                      |                |  |                   |
|               | ■ Debtor 1 o   |  | ☐ Contingent                      |                     |               |                                     |                |  |                   |
|               |  | •  | ☐ Unliquidated                    |                     |               |                                     |                |  |                   |
|               | Debtor 2 o   | •  | ☐ Disputed                        | <del>-</del>        |               |                                     |                |  |                   |
|               | _  | and Debtor 2 only  | Пъ                                | TY unsecured cl     | aim:          |                                     |                |  |                   |
|               |  | ne of the debtors and another                                  | _                                 |                     |               |                                     |                |  |                   |
|               |  | his claim is for a commun                                      | _                                 | ertain other debts  | ,             | e government<br>ou were intoxicated |                |  |                   |
|               | No   | subject to offset?   |                                   | -                   | jury wrille y | ou were intoxicated                 |                |  |                   |
|               | ☐ Yes  |  | Other. Specif                     | Taxes               |               |                                     |                |  |                   |
|               |  |  |                                   |                     |               |                                     |                |  |                   |
| Part          |  | II of Your NONPRIORIT  |                                   |                     |               |                                     |                |  |                   |
| _             | _  | ors have nonpriority unsec                                     |                                   |                     |               |                                     |                |  |                   |
| L             | → No. You ha\<br>—   | ve nothing to report in this pa                                | rt. Submit this form to the cou   | irt with your other | schedules.    |                                     |                |  |                   |
|               | Yes.   |  |                                   |                     |               |                                     |                |  |                   |
|               |  |  | ms in the alphabetical orde       |                     |               |                                     |                |  |                   |

Total claim

Official Form 106 E/F

Schedule E/F: Creditors Who Have Unsecured Claims

Page 1 of 5

| Paul Michael Heinrich   |  | Case number (if know)  |   |
|---|--|--|---|
| Ditech Nonpriority Creditor's Name  | Last 4 digits of account number  | 4862   | \$0.00  |
| Attn: Bankruptcy Po Box 6172 Rapid City, SD 57709   | When was the debt incurred?  | Opened 4/03/08 Last Active 12/14/16  |   |
| Number Street City State Zlp Code Who incurred the debt? Check one.   | As of the date you file, the claim i   | s: Check all that apply  |   |
| Debtor 1 only   | ☐ Contingent   |  |   |
| ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed   |  |   |
| ☐ At least one of the debtors and another ☐ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Student loans  |  |   |
| ■ No  | Debts to pension or profit-sharin  | g plans, and other similar debts   |   |
| Yes   | Other. Specify Real Estate   | Mortgage   |   |
| Flagstar Bank Nonpriority Creditor's Name   | Last 4 digits of account number  | 1315   | \$0.00  |
| Attn: Bankruptcy Dept<br>5151 Corporate Dr  | When was the debt incurred?  | Opened 4/03/08 Last Active 12/23/13  |   |
| Number Street City State Zlp Code Who incurred the debt? Check one.   | As of the date you file, the claim i   | s: Check all that apply  |   |
| ■ Debtor 1 only   | ☐ Contingent   |  |   |
| Debtor 2 only   | ☐ Unliquidated   |  |   |
| ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed   |  |   |
| ☐ At least one of the debtors and another   |  | d claim:   |   |
| ☐ Check if this claim is for a community debt   | ☐ Obligations arising out of a sepa  | ration agreement or divorce that you did not   |   |
|   |  | g plans, and other similar debts   |   |
| ☐ Yes   |  | • · · · · · · · · · · · · · · · · · · ·  |   |
| Springleaf Financial S  | Last 4 digits of account number  | 0109   | \$0.00  |
| 5920 Evergreen Way Ste F<br>Everett, WA 98203   | When was the debt incurred?  | Opened 05/03 Last Active<br>11/04/09   |   |
| Number Street City State Zlp Code Who incurred the debt? Check one.   | As of the date you file, the claim i   | s: Check all that apply  |   |
| Debtor 1 only   | ☐ Contingent   |  |   |
| Debtor 2 only   | ☐ Unliquidated   |  |   |
| ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed   |  |   |
| $\square$ At least one of the debtors and another   |  | d claim:   |   |
| ☐ Check if this claim is for a community debt   | ☐ Obligations arising out of a sepa  | ration agreement or divorce that you did not   |   |
| _   |  | g plans, and other similar debts   |   |
| Yes   | ■ Other. Specify Secured   | ·  |   |
|   | Nonpriority Creditor's Name Attn: Bankruptcy Po Box 6172 Rapid City, SD 57709 Number Street City State Zlp Code Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes  Flagstar Bank Nonpriority Creditor's Name Attn: Bankruptcy Dept 5151 Corporate Dr Troy, MI 48098 Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes  Springleaf Financial S Nonpriority Creditor's Name  5920 Evergreen Way Ste F Everett, WA 98203 Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No | Ditech Nonpriority Creditor's Name Attr: Bankruptcy Po Box 6172 Rapid City, SD 57709 Number Street City State Zlp Code Who incurred the debt? Check one.  □ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? □ No □ Yes  Flagstar Bank Nonpriority Creditor's Name Attr: Bankruptcy Dept 5151 Corporate Dr Troy, MI 48098 Number Street City State Zlp Code Who incurred the debt? Check one. □ Debtor 1 and Debtor 2 only □ Debtor 1 and Debtor 2 only □ Debtor 1 and Debtor 2 only □ Contingent □ Contingent □ Debtor 1 poly □ Check if this claim is for a community debt Is the claim subject to offset? □ No □ Yes  Flagstar Bank Nonpriority Creditor's Name Attr: Bankruptcy Dept 5151 Corporate Dr Troy, MI 48098 Number Street City State Zlp Code Who incurred the debt? Check one. □ Debtor 1 and Debtor 2 only □ Contingent □ Unliquidated □ Disputed Type of NONPRIORITY unsecured □ Student loans □ Contingent □ Unliquidated □ Disputed Type of NONPRIORITY unsecured □ Student loans □ Contingent □ Contingent □ Unliquidated □ Disputed Type of NONPRIORITY unsecured □ Student loans □ Debtor 1 and Debtor 2 only □ Debtor 2 only □ Debtor 3 control of a separe report as priority claims □ Debtor 4 control □ Contingent □ Cother. Specify □ Contingent □ Cother. Specify □ Debtor 1 only □ Cother. Specify □ Debtor 1 only □ Debtor 2 only □ Debtor 1 only □ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ Debtor 1 only □ Debtor 2 only □ Debtor 1 only □ Debtor 1 only □ Debtor 1 only □ Debtor 2 only □ Debtor 1 only □ Debtor 3 only □ Debtor 4 only □ Debtor 5 only □ Debtor 5 only □ Debtor 6 only □ Debtor 7 only □ Debtor 9 only □ Debtor 1 only □ | Disech   Norpirotity Creditor's Name   Attn: Bankruptcy   Po Box 6172   Po Botor 1 and Debtor 2 only   Debtor 1 and Debtor 3 and another   Debtor 1 and Debtor 3 and another   Debtor 1 and Debtor 3 and another   Debtor 3 and Debtor 3 and 3 another   Debtor 4 and Debtor 3 and 3 another   Debtor 4 and 5 |

Official Form 106 E/F

Schedule E/F: Creditors Who Have Unsecured Claims

Page 2 of 5

Best Case Bankruptcy

| Paul Michael Heinrich   |  | Case number (if know)                         |        |
|---|--|---|--------|
| Waterfront Fcu  | Last 4 digits of account number                              | 3200  | \$0.00 |
| Nonpriority Creditor's Name 2414 Sw Andover St E-100 Seattle, WA 98106        | When was the debt incurred?                                  | Opened 8/26/11 Last Active 8/02/17            |        |
| Number Street City State Zlp Code  Who incurred the debt? Check one.          | As of the date you file, the claim                           | is: Check all that apply                      |        |
| ■ Debtor 1 only   | ☐ Contingent   |   |        |
| ☐ Debtor 2 only   | ☐ Unliquidated   |   |        |
| ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed   |   |        |
| ☐ At least one of the debtors and another                                     | Type of NONPRIORITY unsecured                                | d claim:                                      |        |
| ☐ Check if this claim is for a community                                      | Student loans  |   |        |
| debt Is the claim subject to offset?  | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not |        |
| No  | Debts to pension or profit-sharing                           | <del>-</del> •                                |        |
| ☐ Yes   | ■ Other. Specify Automobile                                  | 9   |        |
| Waterfront Fcu  | Last 4 digits of account number                              | 3102  | \$0.00 |
| Nonpriority Creditor's Name   |  | Opened 07/07 Last Active                      |        |
| 2414 Sw Andover St E-100<br>Seattle, WA 98106                                 | When was the debt incurred?                                  | 10/04/10                                      |        |
| Number Street City State Zlp Code  Who incurred the debt? Check one.          | As of the date you file, the claim                           | is: Check all that apply                      |        |
| ■ Debtor 1 only   | ☐ Contingent   |   |        |
| ☐ Debtor 2 only   | ☐ Unliquidated   |   |        |
| Debtor 1 and Debtor 2 only  | ☐ Disputed   |   |        |
| ☐ At least one of the debtors and another                                     | Type of NONPRIORITY unsecured                                | d claim:                                      |        |
| ☐ Check if this claim is for a community                                      | Student loans  |   |        |
| debt<br>Is the claim subject to offset?                                       | Obligations arising out of a separeport as priority claims   | aration agreement or divorce that you did not |        |
| ■ No  | Debts to pension or profit-sharing                           | ng plans, and other similar debts             |        |
| □ Yes   | Other Specify Automobile                                     |   |        |
| Waterfront Fcu  | Last 4 digits of account number                              | 3990  | \$0.00 |
| Nonpriority Creditor's Name   |  | Opened 9/01/11 Last Active                    |        |
| 2414 Sw Andover St E-100<br>Seattle, WA 98106                                 | When was the debt incurred?                                  | Opened 9/01/11 Last Active<br>8/11/17         |        |
| Number Street City State ZIp Code   | As of the date you file, the claim                           | is: Check all that apply                      |        |
| Who incurred the debt? Check one.   |  |   |        |
| Debtor 1 only   | ☐ Contingent   |   |        |
| Debtor 2 only   | Unliquidated   |   |        |
| Debtor 1 and Debtor 2 only  | Disputed   | Label a                                       |        |
| At least one of the debtors and another                                       | Type of NONPRIORITY unsecured  ☐ Student loans               | a ciaiin:                                     |        |
| ☐ Check if this claim is for a community debt Is the claim subject to offset? | _  | aration agreement or divorce that you did not |        |
| ■ No  | Debts to pension or profit-sharin                            | on plans, and other similar debts             |        |
|   |  |   |        |
| Yes   | Other. Specify Recreation                                    | di  |        |

Official Form 106 E/F

Schedule E/F: Creditors Who Have Unsecured Claims

Page 3 of 5

Best Case Bankruptcy

| Debtor                           | 1 Paul Mic  | chael Heinrich                                |   | Case nur  | mber (if kn  | ow)                      |                         |  |
|----------------------------------|---|---|---|---|--------------|--------------------------|-------------------------|--|
|                                  |   | o Dealer Services                             | Last 4 digits of account number   | 5842  |              |                          | \$0.00                  |  |
|                                  | Nonpriority Cro Attn: Bank Po Box 19                                    | ruptcy<br>657                                 | When was the debt incurred?   | Opene<br>8/30/11  |              | Last Active              |                         |  |
| -                                |   | t City State ZIp Code                         | As of the date you file, the claim  | is: Check al  | II that appl | y                        |                         |  |
|                                  |   | I the debt? Check one.                        | _   |   |              |                          |                         |  |
|                                  | Debtor 1 o  | •   | Contingent  |   |              |                          |                         |  |
|                                  | Debtor 2 o  | •   | Unliquidated  |   |              |                          |                         |  |
|                                  |   | nd Debtor 2 only                              | ☐ Disputed  |   |              |                          |                         |  |
|                                  |   | e of the debtors and another                  | Type of NONPRIORITY unsecured claim:  |   |              |                          |                         |  |
|                                  | ☐ Check if the debt   | his claim is for a community                  | ☐ Student loans   |   |              |                          |                         |  |
|                                  |   | ubject to offset?                             | Obligations arising out of a separe report as priority claims   | Obligations arising out of a separation agreement or divorce that you did not |              |                          |                         |  |
|                                  | ■ No  | •   | Debts to pension or profit-sharin   | ng plans, and   | d other sin  | nilar debts              |                         |  |
|                                  | ☐ Yes   |   | Other. Specify Automobile   | •   |              |                          |                         |  |
|                                  |   |   | — Other, opening  |   |              |                          |                         |  |
| 4.8                              | Wells Farg  | o Hm Mortgag                                  | Last 4 digits of account number   | 8743  |              |                          | \$0.00                  |  |
|                                  | 8480 Stage<br>Frederick,  | ecoach Cir                                    | When was the debt incurred?   | Opene<br>4/07/08  |              | Last Active              |                         |  |
| -                                | Number Stree  | t City State ZIp Code  I the debt? Check one. | As of the date you file, the claim  | is: Check al  | ll that appl | y                        |                         |  |
| <br>                             | Debtor 1 o  |   | ☐ Contingent  |   |              |                          |                         |  |
|                                  | Debtor 2 o  | •   | ☐ Unliquidated  |   |              |                          |                         |  |
|                                  | _   | nd Debtor 2 only                              | ☐ Disputed  |   |              |                          |                         |  |
|                                  |   | e of the debtors and another                  | Type of NONPRIORITY unsecured   | d claim:  |              |                          |                         |  |
|                                  |   | his claim is for a community                  | ☐ Student loans   |   |              |                          |                         |  |
|                                  | debt  | ubject to offset?                             | Obligations arising out of a separeport as priority claims  | aration agree   | ement or d   | livorce that you did not |                         |  |
|                                  | No  |   | ☐ Debts to pension or profit-sharing plans, and other similar debts   |   |              |                          |                         |  |
|                                  | ☐ Yes   |   | ■ Other. Specify Real Estate Mortgage   |   |              |                          |                         |  |
| Part 3:                          | List Otho   | rs to Be Notified About a Debt                | That You Already Listed   |   |              |                          |                         |  |
| 5. Use thi<br>is tryin<br>have n | is page only if<br>ng to collect fr<br>nore than one<br>ed for any debt | you have others to be notified abo            | out your bankruptcy, for a debt that y<br>leone else, list the original creditor in<br>you listed in Parts 1 or 2, list the addi<br>submit this page. | Parts 1 or  | 2, then lis  | st the collection agency | here. Similarly, if you |  |
|                                  |   |   |   | onorting n  | Irnacac a    | nh, 2011 C.C. \$150. Add | the emounts for each    |  |
|                                  | f unsecured c   |   | s. This information is for statistical r  | eporting pt   | ii poses o   |                          | the amounts for each    |  |
|                                  | 6a  | . Domestic support obligations                |   | 6a.   | \$           | Total Claim 0.00         |                         |  |
|                                  | Γotal   |   |   |   | <u> </u>     | 0.00                     | -                       |  |
| cla<br>from Pa                   | aims<br>art 1 6b  | . Taxes and certain other debts y             | you owe the government  | 6b.   | \$           | 3,300.00                 |                         |  |
|                                  | 6c  |   | <del>-</del>  | 6c.   | \$           | 0.00                     | -                       |  |
|                                  | 6d  | . Other. Add all other priority unsec         | cured claims. Write that amount here.   | 6d.   | \$           | 0.00                     | -                       |  |
|                                  | 6e  | . Total Priority. Add lines 6a throu          | gh 6d.  | 6e.   | \$           | 3,300.00                 | -                       |  |
|                                  |   |   |   | _   |              | Total Claim              |                         |  |
|                                  | 6f.   | Student loans                                 |   | 6f.   | \$           | 0.00                     | _                       |  |
|                                  | Total<br>aims   |   |   |   |              |                          | -                       |  |
| from Pa                          |   | Obligations arising out of a sep              | paration agreement or divorce that  | 6g.   | \$           | 0.00                     |                         |  |

Official Form 106 E/F

Schedule E/F: Creditors Who Have Unsecured Claims

Page 4 of 5

# Debtor 1 Paul Michael Heinrich

Case number (if know)

- 6h. Debts to pension or profit-sharing plans, and other similar debts
- 6h. \$ 0.00 6i. \$ 0.00
- 6i. **Other.** Add all other nonpriority unsecured claims. Write that amount here
- 6j. \$ **0.00**

6j. Total Nonpriority. Add lines 6f through 6i.

Official Form 106 E/F

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Schedule E/F: Creditors Who Have Unsecured Claims

Page 5 of 5

| Fill in this infor     | mation to identify your  | case:              |               |                                      |
|------------------------|--------------------------|--------------------|---------------|--------------------------------------|
| Debtor 1               | Paul Michael Heir        | nrich              |               |                                      |
|                        | First Name               | Middle Name        | Last Name     |                                      |
| Debtor 2               |                          |                    |               |                                      |
| (Spouse if, filing)    | First Name               | Middle Name        | Last Name     |                                      |
| United States Ba       | ankruptcy Court for the: | WESTERN DISTRICT ( | OF WASHINGTON |                                      |
| Case number (if known) |                          |                    |               | ☐ Check if this is an amended filing |

# Official Form 106G

# Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code

State what the contract or lease is for

2.1 Verizon
P.O. Box 9688
Mission Hills, CA 91346

Cell Phone - \$80 a Month

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

Page 1 of 1

Best Case Bankruptcy

| Fill in this inf                                    | ormation to identify your  | case:   |  |  |
|---|--|---|--|--|
| Debtor 1  | Paul Michael Hei   |   |  |  |
| Debtor 2  | First Name   | Middle Name   | Last Name  |  |
| (Spouse if, filing)                                 | First Name   | Middle Name   | Last Name  |  |
| United States                                       | Bankruptcy Court for the:  | WESTERN DISTRICT O                                      | F WASHINGTON                                       |  |
| Case number   |  |   |  |  |
| (if known)  |  |   |  | ☐ Check if this is an amended filing   |
| Official F  | Form 106H  |   |  |  |
|   | le H: Your Cod   | ebtors  |  | 12/15  |
| people are fili<br>fill it out, and<br>your name an | ng together, both are equ<br>number the entries in the<br>d case number (if known)   | ally responsible for supp                               | lying correct informatio<br>the Additional Page to | complete and accurate as possible. If two married n. If more space is needed, copy the Additional Page, this page. On the top of any Additional Pages, write s a codebtor. |
| ☐ Yes   |  |   |  |  |
| Arizona, (  | California, Idaho, Louisiana   | u lived in a community pro<br>, Nevada, New Mexico, Pue |  | ? (Community property states and territories include gton, and Wisconsin.)   |
| □ No. Go  |  |   |  |  |
| ■ Yes. D  | id your spouse, former spo   | use, or legal equivalent live                           | with you at the time?                              |  |
|   | No   |   |  |  |
|   | Yes.   |   |  |  |
|   | In which community state Angela Heinrich 12102 4th Ave W Apt 20203 Everett, WA 98204 | e or territory did you live?                            | Washington   | Fill in the name and current address of that person.   |
|   | Name of your spouse, former sp<br>Number, Street, City, State & Zip                  |   |  |  |
| in line 2 a   | again as a codebtor only i<br>D), Schedule E/F (Official                             | if that person is a guarant                             | or or cosigner. Make su                            | your spouse is filing with you. List the person shown are you have listed the creditor on Schedule D (Official G). Use Schedule D, Schedule E/F, or Schedule G to fill     |
|   | umn 1: Your codebtor<br>e, Number, Street, City, State and Z                         | IP Code   |  | Column 2: The creditor to whom you owe the debt Check all schedules that apply:  |
| 3.1   |  |   |  | ☐ Schedule D, line   |
| Nam   | ne   |   |  | ☐ Schedule E/F, line   |
|   |  |   |  | ☐ Schedule G, line   |
| Num<br>City   | ber Street   | State   | ZIP Code   |  |
| 3.2   |  |   |  | ☐ Schedule D, line   |
| Nam   | ne   |   |  | ☐ Schedule E/F, line   |
|   |  |   |  | ☐ Schedule G, line   |
| Num   | ber Street   |   |  |  |

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State

Schedule H: Your Codebtors

ZIP Code

Page 1 of 1 Best Case Bankruptcy

| Fill               | in this information to identify your c  | ase:                          |  |                       |                | 1  |                         |                              |                 |
|--------------------|---|-------------------------------|--|-----------------------|----------------|--|-------------------------|------------------------------|-----------------|
|                    | otor 1 Paul Michae  |                               |  |                       |                |  |                         |                              |                 |
|                    | otor 2 use, if filing)  |                               |  |                       | _              |  |                         |                              |                 |
| Uni                | ted States Bankruptcy Court for the   | : WESTERN DISTRICT            | F OF WASHINGTON                                    |                       | _              |  |                         |                              |                 |
|                    | se number   |                               | -  |                       |                | Check if this is:  An amende  A supplement | d filing<br>ent showir  | ng postpetition              |                 |
| 0                  | fficial Form 106I   |                               |  |                       |                | MM / DD/ Y                                 |                         | ollowing date.               |                 |
| S                  | chedule I: Your Inc   | ome                           |  |                       |                | IVIIVI / DD/ I                             | 111                     |                              | 12/15           |
| sup<br>spo<br>atta | as complete and accurate as possiblying correct information. If you use. If you are separated and you ch a separate sheet to this form.  1: Describe Employment | are married and not filing wi | ng jointly, and your sith you, do not include      | spouse i<br>de inforr | s liv<br>natio | ing with you, inclu<br>on about your spo   | ude infor<br>ouse. If m | mation about<br>ore space is | your<br>needed, |
| 1.                 | Fill in your employment   |                               |  |                       |                |  |                         |                              |                 |
|                    | information.  |                               | Debtor 1   |                       |                |  |                         | filing spouse                |                 |
|                    | If you have more than one job, attach a separate page with information about additional employers.  | Employment status             |  | ■ Employed            |                |  | oyed<br>mployed         |                              |                 |
|                    |   | Occupation                    | □ Not employed                                     |                       |                | <b>—</b> 1101 01                           | прюуса                  |                              |                 |
|                    | Include part-time, seasonal, or   | Employer's name               | Crane Operator                                     |                       |                |  |                         |                              |                 |
|                    | self-employed work.  Occupation may include student or homemaker, if it applies.  | Employer's address            | P.O. Box 3707<br>Mailcode 6X-MF<br>Seattle, WA 981 |                       | ,              |  |                         |                              |                 |
|                    |   | How long employed to          | here? 2.5 Yea                                      | rs                    |                |  |                         |                              |                 |
| Par                | t 2: Give Details About Mor   | nthly Income                  |  |                       |                |  |                         |                              |                 |
|                    | mate monthly income as of the duse unless you are separated.  | •                             | you have nothing to re                             | eport for             | any l          | ine, write \$0 in the                      | space. In               | nclude your nor              | n-filing        |
|                    | u or your non-filing spouse have mo<br>e space, attach a separate sheet to  |                               | ombine the information                             | n for all e           | mplo           | oyers for that perso                       | n on the I              | lines below. If y            | you need        |
|                    |   |                               |  |                       |                | For Debtor 1                               |                         | ebtor 2 or<br>ling spouse    |                 |
| 2.                 | List monthly gross wages, sala deductions). If not paid monthly,  |                               |  | 2.                    | \$             | 6,045.00                                   | \$                      | N/A                          |                 |
| 3.                 | Estimate and list monthly overt   | ime pay.                      |  | 3.                    | +\$            | 0.00                                       | +\$                     | N/A                          |                 |
| 4.                 | Calculate gross Income. Add lin   | ne 2 + line 3.                |  | 4.                    | \$             | 6,045.00                                   | \$                      | N/A                          |                 |

| 13. | -             | ou expect an increase or decrease within the year after you file this form   | ?          |          |          |          |                  | Combin<br>nonthly | ied<br>/ income |
|-----|---------------|--|------------|----------|----------|----------|------------------|-------------------|-----------------|
| 12. |               | the amount in the last column of line 10 to the amount in line 11. The resent that amount on the Summary of Schedules and Statistical Summary of Certaines   |            |          |          |          |                  | \$                | 4,267.00        |
| 11. | Include other | e all other regular contributions to the expenses that you list in Schedule de contributions from an unmarried partner, members of your household, your friends or relatives.  ot include any amounts already included in lines 2-10 or amounts that are not a sify: | depen      | •        |          |          | chedule .<br>11. |                   | 0.00            |
| 10. |               | ulate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  | 10. \$     | 4        | + \$     |          | N/A =            | \$_               | 4,267.00        |
| 9.  | Add           | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.   | 9.         | \$       | 0.00     | \$       |                  | N/A               |                 |
|     | 8h.           | Other monthly income. Specify:   | _ 8h.+     | \$       | 0.00     | + \$     |                  | N/A               |                 |
|     | 8g.           | Specify: Pension or retirement income  | 8f.<br>8g. | \$<br>\$ | 0.00     | \$<br>\$ |                  | N/A<br>N/A        |                 |
|     | 8f.           | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.        |            |          |          |          |                  |                   |                 |
|     | 8e.           | Social Security  | 8e.        | \$       | 0.00     | \$       |                  | N/A               |                 |
|     | 8c.<br>8d.    | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  Unemployment compensation  | 8c.<br>8d. | \$       | 0.00     | \$<br>\$ |                  | N/A<br>N/A        |                 |
|     | 8b.           | profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.  Interest and dividends  | 8a.<br>8b. | \$       | 0.00     | \$       |                  | N/A<br>N/A        |                 |
| 8.  | List a<br>8a. | all other income regularly received:<br>Net income from rental property and from operating a business,   |            |          |          |          |                  |                   |                 |
| 7.  | Calc          | ulate total monthly take-home pay. Subtract line 6 from line 4.  | 7.         | \$       | 4,267.00 | \$       |                  | N/A               |                 |
| 6.  | Add           | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.   | 6.         | \$       | 1,778.00 | \$       |                  | N/A               |                 |
|     | 5h.           | Other deductions. Specify: Food Service  | 5h.+       | · -      | 40.00    | + \$     |                  | N/A               |                 |
|     | 5f.<br>5g.    | Domestic support obligations Union dues  | 5f.<br>5g. | \$       | 76.00    | \$       |                  | N/A<br>N/A        |                 |
|     | 5e.           | Insurance  | 5e.        | \$       | 80.00    | \$       |                  | N/A               |                 |
|     | 5c.<br>5d.    | Required repayments of retirement fund loans   | 5c.<br>5d. | \$<br>   | 197.00   | \$       |                  | N/A<br>N/A        |                 |
|     |               |  |            |          |          |          |                  |                   |                 |

Official Form 106I Schedule I: Your Income page 2

Yes. Explain:

| -HII      | in this informs                                  | tion to identify yo                                   | ur caca:                            |  |   |              |  |                               |    |
|-----------|--|---|-------------------------------------|--|---|--------------|--|-------------------------------|----|
|           | III UIIS IIIIOIIIIa                              |   |                                     |  |   |              |  |                               |    |
| Deb       | tor 1  | Paul Michael  | Heinric                             | h  |   |              | k if this is:                          |                               |    |
| Deb       | tor 2  |   |                                     |  |   | _            | An amended filing<br>A supplement show | ving postpetition chapter     |    |
|           | ouse, if filing)                                 |   |                                     |  |   |              | 13 expenses as of                      |                               |    |
| Unit      | ed States Bankr                                  | uptcy Court for the:                                  | WESTE                               | ERN DISTRICT OF WASH                                       | IINGTON                                 | ī            | MM / DD / YYYY                         |                               |    |
| Coo       | e number   |   |                                     |  |   |              |  |                               |    |
|           | nown)  |   |                                     |  |   |              |  |                               |    |
| Of        | fficial Fo                                       | rm 106J   |                                     |  |   |              |  |                               |    |
| Sc        | chedule  | J: Your I   | Exper                               | ises   |   |              |  | 12/                           | 15 |
| Be info   | as complete a<br>ormation. If m<br>nber (if know | and accurate as<br>ore space is ne<br>n). Answer ever | possible<br>eded, atta<br>y questio | . If two married people a<br>ich another sheet to this     |   |              |  | r supplying correct           |    |
| Par<br>1. | t 1: Descr<br>Is this a join                     | ibe Your House  | hold                                |  |   |              |  |                               |    |
| ٠.        | _  |   |                                     |  |   |              |  |                               |    |
|           | ■ No. Go to                                      |   | n a conar                           | ate household?   |   |              |  |                               |    |
|           | □ res. <b>Doe</b>                                |   | ii a sepai                          | ate nousenoia:   |   |              |  |                               |    |
|           | _  |   | t file Offici                       | al Form 106J-2, Expense                                    | s for Separate House                    | hold of Debt | or 2                                   |                               |    |
| _         |  |   |                                     | air oill 1000 2, <i>Experie</i> o                          | s for coparate frodes.                  | noid of Boot | 01 2.                                  |                               |    |
| 2.        | Do you have                                      | e dependents?   | ☐ No                                |  |   |              |  |                               |    |
|           | Do not list De<br>Debtor 2.                      | ebtor 1 and   | Yes.                                | Fill out this information for each dependent               | Dependent's relation Debtor 1 or Debtor |              | Dependent's age                        | Does dependent live with you? |    |
|           | Do not state                                     | the   |                                     |  |   |              |  | ■ No                          |    |
|           | dependents                                       | names.  |                                     |  | Daughter                                |              | 13                                     | ☐ Yes                         |    |
|           |  |   |                                     |  |   |              |  | □ No                          |    |
|           |  |   |                                     |  |   |              |  | Yes                           |    |
|           |  |   |                                     |  |   |              |  | □ No                          |    |
|           |  |   |                                     |  |   |              |  | ☐ Yes                         |    |
|           |  |   |                                     |  |   |              |  | □ No<br>□ Yes                 |    |
| 3.        | Do your exp                                      | enses include   | _                                   | N  |   |              |  | ⊔ Yes                         |    |
| 0.        | expenses of                                      | f people other the<br>d your depender                 | nan $_{m \Box}$                     | No<br>Yes  |   |              |  |                               |    |
| Par       |  | ate Your Ongoii                                       |                                     |  |   |              |  |                               |    |
| exp       |  |   |                                     | uptcy filing date unless y<br>y is filed. If this is a sup |   |              |  |                               | )  |
| Incl      | lude expense                                     | s paid for with r                                     | non-cash                            | government assistance                                      | if vou know                             |              |  |                               |    |
| the       | value of such                                    | n assistance and                                      |                                     | cluded it on Schedule I:                                   |   |              | Your expe                              | nese                          |    |
| (Ott      | ficial Form 10                                   | 61.)  |                                     |  |   |              | Tour expe                              | enses                         |    |
| 4.        |  | or home owners  |                                     | ses for your residence.                                    | Include first mortgage                  | 4. \$        |  | 0.00                          |    |
|           | If not includ                                    | led in line 4:  |                                     |  |   |              |  |                               |    |
|           | 4a. Real e                                       | estate taxes  |                                     |  |   | 4a. \$       |  | 0.00                          |    |
|           |  | rty, homeowner's                                      | s, or renter                        | 's insurance   |   | 4b. \$       |  | 0.00                          |    |
|           | 4c. Home   | maintenance, re                                       | pair, and ι                         | upkeep expenses  |   | 4c. \$       |  | 0.00                          |    |
| _         |  | owner's associat                                      |                                     |  |   | 4d. \$       |  | 0.00                          |    |
| 5.        | Additional n                                     | nortgage payme  | ents for yo                         | <b>our residence</b> , such as ho                          | ome equity loans                        | 5. \$        |  | 0.00                          |    |

| Paul Mic                      | chael Heinrich   | Case num   | ber (if known)   |  |
|-------------------------------|--|--|--|--|
| ities:                        |  |  |  |  |
| Electricity                   | r, heat, natural gas   | 6a.  | \$   | 100.00   |
| Water, se                     | ewer, garbage collection   | 6b.  | \$   | 85.00  |
| Telephon                      | e, cell phone, Internet, satellite, and cable services   | 6c.  | \$   | 140.00   |
| Other. Sp                     | ecify:   | 6d.  | \$   | 0.00   |
|                               | -  | 7.   | \$   | 350.00   |
| Idcare and                    | children's education costs   | 8.   | \$   | 0.00   |
|                               |  | 9.   | \$   | 100.00   |
| •                             | •  | 10.  | \$   | 100.00   |
| -                             |  |  | ·  | 50.00  |
|                               | •  |  | •  |  |
| •                             | • •  | 12.  | \$   | 300.00   |
| ertainment,                   | clubs, recreation, newspapers, magazines, and be   | ooks 13.   | \$   | 100.00   |
| aritable con                  | tributions and religious donations   | 14.  | \$   | 0.00   |
| urance.                       |  |  |  |  |
| not include ii                | nsurance deducted from your pay or included in lines   | 4 or 20.   |  |  |
|                               |  |  |  | 0.00   |
| . Health ins                  | surance  | 15b.   | \$   | 0.00   |
| . Vehicle in                  | surance  | 15c.   | \$   | 120.00   |
| I. Other insu                 | urance. Specify:   | 15d.   | \$   | 0.00   |
| <b>ces.</b> Do not in         | nclude taxes deducted from your pay or included in lin   | es 4 or 20.  |  |  |
| ecify:                        |  | 16.  | \$   | 0.00   |
|                               |  |  |  |  |
| ı. Car paym                   | nents for Vehicle 1  | 17a.   | \$   | 0.00   |
| <ol> <li>Car paym</li> </ol>  | nents for Vehicle 2  | 17b.   | \$   | 0.00   |
| . Other. Sp                   | ecify:   | 17c.   | \$   | 0.00   |
| <ol> <li>Other. Sp</li> </ol> | ecify:   | 17d.   | \$   | 0.00   |
|                               |  |  | \$   | 0.00   |
|                               |  | iai i 01111 1001 <i>j</i> 1  |  | 0.00   |
|                               | - ,  | •  | <u> </u>   |  |
| ,                             | perty expenses not included in lines 4 or 5 of this f  |  | our Income.  |  |
|                               |  |  |  | 0.00   |
| . Real esta                   | te taxes   | 20b.   | \$   | 0.00   |
| . Property,                   | homeowner's, or renter's insurance   | 20c.   | \$   | 0.00   |
| I. Maintena                   | nce, repair, and upkeep expenses   | 20d.   | \$   | 0.00   |
|                               |  | 20e.   | \$   | 0.00   |
|                               |  |  | ·  | 150.00   |
|                               |  |  | - +  | 100.00   |
| -                             | •  |  |  |  |
|                               | •  |  | \$   | 1,595.00   |
| . Copy line 2                 | 22 (monthly expenses for Debtor 2), if any, from Official  | l Form 106J-2  | \$   |  |
| . Add line 22                 | 2a and 22b. The result is your monthly expenses.   |  | \$   | 1,595.00   |
| culate your                   | monthly net income.  |  | L  |  |
|                               |  | 23a.   | \$   | 4,267.00   |
|                               | ,  | 23b.   | -\$  | 1,595.00   |
| Subtract v                    | your monthly expenses from your monthly income.  |  |  |  |
|                               | t is your <i>monthly net income</i> .  | 23c.   | \$   | 2,672.00   |
|                               |  |  |  |  |
| you expect<br>example, do y   | an increase or decrease in your expenses within to expect to finish paying for your car loan within the year or externs of your mortgage?  |  |  | e or decrease because of a   |
|                               | Water, se Telephon Other. Spot and hous ildcare and othing, laund resonal care placed and thing, laund resonal care placed and thing, laund resonal care placed and thing laund resonal care placed and thing laund resonal care placed and laund resonal care placed and laund resonal care placed and laund resonal care placed from the resonal care placed and laund resonation r | Electricity, heat, natural gas Water, sewer, garbage collection Telephone, cell phone, Internet, satellite, and cable services Other. Specify:  od and housekeeping supplies ildicare and children's education costs othing, laundry, and dry cleaning resonal care products and services dical and dental expenses insportation. Include gas, maintenance, bus or train fare. not include car payments. tertainment, clubs, recreation, newspapers, magazines, and be aritable contributions and religious donations urance. not include insurance deducted from your pay or included in lines 4 a. Life insurance b. Health insurance c. Vehicle insurance d. Other insurance. Specify: tes. Do not include taxes deducted from your pay or included in linescify: tallment or lease payments: a. Car payments for Vehicle 1 b. Car payments for Vehicle 2 c. Other. Specify: d. Other. Specify: tur payments of alimony, maintenance, and support that you diducted from your pay on line 5, Schedule 1, Your Income (Officiner payments you make to support others who do not live with exify: there real property expenses not included in lines 4 or 5 of this formation of the second o | Electricity, heat, natural gas Water, sewer, garbage collection 6b. Telephone, cell phone, Internet, satellite, and cable services 6c. Other. Specify: 6d. Dd and housekeeping supplies 7. Ididare and children's education costs 8. Ididare and children's education costs 8. Ididare and children's education costs 9. Ididare and children's education gas, maintenance, bus or train fare. Include gas, maintenance, bus or train fare. Include car payments. 12. Itertainment, clubs, recreation, newspapers, magazines, and books 13. Idiariance, 13. Include insurance deducted from your pay or included in lines 4 or 20. Include insurance 9. Include 9. In | Electricity, heat, natural gas Water, sewer, garbage collection Cheyr, specify: Cother, Spe |

| ebtor 1  | Paul Michael Heir   | rich   |  |  |
|--|---|--|--|--|
| CDIOI I  | First Name  | Middle Name  | Last Name  | <del></del>  |
| ebtor 2  |   |  |  |  |
| pouse if, filing)  | First Name  | Middle Name  | Last Name  |  |
| nited States Ba  | ankruptcy Court for the:  | WESTERN DISTRICT   | OF WASHINGTON  |  |
| ase number   |   |  |  |  |
| known)   |   |  |  | ☐ Check if this is an amended filing   |
|  |   |  |  | ules 12/1  |
| u must file the  | is form whenever you fi   | le bankruptcy schedules  |  | rmation.<br>g a false statement, concealing property, or   |
| u must file thi<br>taining mone<br>ars, or both. 1   | is form whenever you fi<br>y or property by fraud ir<br>8 U.S.C. §§ 152, 1341, 1  | le bankruptcy schedules<br>n connection with a ban<br>519, and 3571. | s or amended schedules. Making   | ormation.<br>g a false statement, concealing property, or<br>up to \$250,000, or imprisonment for up to 20   |
| u must file thi<br>taining mone<br>ars, or both. 1   | is form whenever you fi<br>y or property by fraud ir<br>8 U.S.C. §§ 152, 1341, 1  | le bankruptcy schedules<br>n connection with a ban<br>519, and 3571. | s or amended schedules. Making<br>kruptcy case can result in fines i   | ormation.<br>g a false statement, concealing property, or<br>up to \$250,000, or imprisonment for up to 20   |
| ou must file thiotaining mone lars, or both. 1  Sig  Did you pa                                | is form whenever you fi<br>y or property by fraud ir<br>8 U.S.C. §§ 152, 1341, 1  | le bankruptcy schedules<br>n connection with a ban<br>519, and 3571. | s or amended schedules. Making<br>kruptcy case can result in fines i   | ormation.  g a false statement, concealing property, or up to \$250,000, or imprisonment for up to 20 ccy forms?  Attach Bankruptcy Petition Preparer's Notice,  |
| Did you pa   | is form whenever you fi y or property by fraud ir 8 U.S.C. §§ 152, 1341, 1  In Below  By or agree to pay some   | le bankruptcy schedules<br>n connection with a ban<br>519, and 3571. | s or amended schedules. Making<br>kruptcy case can result in fines i   | ormation.  g a false statement, concealing property, or up to \$250,000, or imprisonment for up to 20 eccy forms?  Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)                      |
| u must file thitaining mone ars, or both. 1  Sig  Did you pa  No  Yes.  Under penathat they ar | is form whenever you fi y or property by fraud ir 8 U.S.C. §§ 152, 1341, 1  In Below  Ay or agree to pay some  Name of person  Alty of perjury, I declare   | le bankruptcy schedules<br>n connection with a ban<br>519, and 3571. | s or amended schedules. Making<br>kruptcy case can result in fines of<br>rney to help you fill out bankrupt  | ormation.  g a false statement, concealing property, or up to \$250,000, or imprisonment for up to 20 ccy forms?  Attach Bankruptcy Petition Preparer's Notice Declaration, and Signature (Official Form 115)                        |
| Did you pa  No  Ves.  Under penathat they ar  X /s/ Pau Paul M                                 | is form whenever you fit yor property by fraud in 8 U.S.C. §§ 152, 1341, 1 in Below  ay or agree to pay some Name of person  alty of perjury, I declare the true and correct.   | le bankruptcy schedules<br>n connection with a ban<br>519, and 3571. | s or amended schedules. Making kruptcy case can result in fines of the second result in fines of | ormation.  g a false statement, concealing property, or up to \$250,000, or imprisonment for up to 20 accy forms?  Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 115) this declaration and |
| Did you pa  Sig  Did you pa  No  Yes.  Under penathat they ar  X /s/ Pau Paul M Signatu        | is form whenever you fi y or property by fraud ir 8 U.S.C. §§ 152, 1341, 1 In Below  Ay or agree to pay some  Name of person  Alty of perjury, I declare the true and correct.  Il Michael Heinrich  Michael Heinrich | le bankruptcy schedules<br>n connection with a ban<br>519, and 3571. | s or amended schedules. Making kruptcy case can result in fines of the | ormation.  g a false statement, concealing property, or up to \$250,000, or imprisonment for up to 20 accy forms?  Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119 this declaration and  |

Official Form 106Dec

**Declaration About an Individual Debtor's Schedules** 

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Best Case Bankruptcy

| Fill                | in this information to identify y   | our case:  |   |  |   |
|---------------------|---|--|---|--|---|
| Del                 | btor 1 Paul Michael   | Heinrich   |   |  |   |
|                     | First Name  | Middle Name  | Last Name   |  |   |
| 1 -                 | btor 2  buse if, filing)  First Name  | Middle Name  | Last Name   |  |   |
| Uni                 | ited States Bankruptcy Court for t  | he: WESTERN DISTRICT OF  | F WASHINGTON  |  |   |
|                     | se number<br>   |  |   |  | heck if this is an<br>mended filing                   |
| Sta<br>Be a<br>info | ficial Form 107  atement of Financia as complete and accurate as pormation. If more space is need the or (if known). Answer every contact in the or (if known). | ossible. If two married people a<br>ed, attach a separate sheet to | are filing together, both are                         | equally responsible for supp               |   |
| Par                 |   | Marital Status and Where You                                       | ı Lived Before  |  |   |
| 1.                  | What is your current marital s  | tatus?   |   |  |   |
|                     | <ul><li>☐ Married</li><li>■ Not married</li></ul>   |  |   |  |   |
| 2.                  | During the last 3 years, have y   | ou lived anywhere other than                                       | where you live now?                                   |  |   |
|                     | ■ No □ Yes. List all of the places ye   | ou lived in the last 3 years. Do no                                | ot include where you live now                         | <i>ı</i> .                                 |   |
|                     | Debtor 1 Prior Address:   | Dates Debtor 1 lived there   | Debtor 2 Prior Ac                                     | dress:                                     | Dates Debtor 2<br>lived there                         |
| 3.<br>state         | Within the last 8 years, did you es and territories include Arizona,  |  |   |  |   |
|                     | <ul><li>□ No</li><li>■ Yes. Make sure you fill out</li></ul>  | Schedule H: Your Codebtors (O                                      | fficial Form 106H).                                   |  |   |
| Par                 | Explain the Sources of Y  | our Income   |   |  |   |
| 4.                  | Did you have any income from<br>Fill in the total amount of income<br>If you are filing a joint case and y  | you received from all jobs and a                                   | all businesses, including part                        | time activities.                           | dar years?  |
|                     | <ul><li>□ No</li><li>■ Yes. Fill in the details.</li></ul>  |  |   |  |   |
|                     |   | Debtor 1   |   | Debtor 2                                   |   |
|                     |   | Sources of income<br>Check all that apply.                         | Gross income<br>(before deductions and<br>exclusions) | Sources of income<br>Check all that apply. | Gross income<br>(before deductions<br>and exclusions) |
|                     | om January 1 of current year un<br>date you filed for bankruptcy:   | til Wages, commissions, bonuses, tips                              | \$68,431.65   | ☐ Wages, commissions, bonuses, tips        |   |
|                     |   | ☐ Operating a business   |   | ☐ Operating a business                     |   |

Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 1

Best Case Bankruptcy

| Debtor 1 Paul Michael Heinrich |                    |                        |  |  |  | Case number (if known)   |  |  |   |
|--------------------------------|--------------------|------------------------|--|--|--|--|--|--|---|
|                                |                    |                        |  |  |  |  |  |  |   |
|                                |                    |                        |  |  | Debtor 1   |  | Debtor 2   |  |   |
|                                |                    |                        |  |  | Sources of income<br>Check all that apply.   | Gross income<br>(before deductions and<br>exclusions)  | Sources of incommendation Check all that approximately                                     |  | Gross income<br>(before deductions<br>and exclusions)           |
|                                |                    |                        | ■ Wages, commissions, bonuses, tips                | \$129,681.00   | ☐ Wages, commissions, bonuses, tips  |  |  |  |   |
|                                |                    |                        |  |  | ☐ Operating a business   |  | Operating a l  | ousiness                                 |   |
|                                |                    |                        |  | fore that:<br>31, 2015 )   | ■ Wages, commissions, bonuses, tips  | \$104,886.00   | ☐ Wages, combonuses, tips  | missions,                                |   |
|                                |                    |                        |  |  | ☐ Operating a business   |  | ☐ Operating a I  | ousiness                                 |   |
| W                              | vinning<br>ist ead | gs. if y<br>ch so<br>o | ou are fili  | ng a joint cas   | pensions; rental income; intere<br>e and you have income that y<br>me from each source separat   | ou received together, list it o  | only once under De   | btor 1.                                  | d gambling and lottery  |
|                                |                    |                        |  |  | Debtor 1   |  | Debtor 2   |  |   |
|                                |                    |                        |  |  | Sources of income<br>Describe below.   | Gross income from<br>each source<br>(before deductions and<br>exclusions)  | Sources of inco  |  | Gross income<br>(before deductions<br>and exclusions)           |
| Part 3                         | 3: L               | List C                 | ertain Pa  | yments You   | Made Before You Filed for E  | Bankruptcy   |  |  |   |
| 6. A☐                          | ] No               | o. <b>N</b> ii         | leither Dendividual pouring the No. Yes  * Subject | 90 days beform Go to line 7 List below expaid that crunot include to adjustment or Debtor 2 or 90 days beform Go to line 7 List below expaid that crunot include to adjustment or Debtor 2 or 90 days beform Go to line 7 List below expanding the pay | each creditor to whom you paid<br>editor. Do not include paymen<br>payments to an attorney for the<br>on 4/01/19 and every 3 years<br>or both have primarily consure you filed for bankruptcy, did | mer debts. Consumer debted purpose."  If you pay any creditor a total dia total of \$6,425* or more is for domestic support oblighis bankruptcy case.  If after that for cases filed on mer debts.  If you pay any creditor a total dia total of \$600 or more and | il of \$6,425* or more pay gations, such as che or after the date of all of \$600 or more? | e? ments and the support and adjustment. | ne total amount you<br>nd alimony. Also, do<br>creditor. Do not |
| (                              | Credit             | tor's                  | Name and   | d Address  | Dates of paymen  | nt Total amount  | Amount you   | Was this p                               | ayment for  |
|                                |                    |                        |  |  |  | paid   | still owe  |  |   |

Statement of Financial Affairs for Individuals Filing for Bankruptcy

| 7.  | Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?  Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. |  |  |                     |                         |                     |  |  |  |  |
|-----|--|--|--|---------------------|-------------------------|---------------------|--|--|--|--|
|     | ■ No □ Yes. List all payments to an insider. Insider's Name and Address  | Dates of payment                                       | Total amount                           | Amount you          | Reason for th           | is payment          |  |  |  |  |
|     |  |  | paid                                   | still owe           |                         |                     |  |  |  |  |
| 8.  | Within 1 year before you filed for bankrupto insider? Include payments on debts guaranteed or cosi   |  | ments or transfer a                    | iny property on a   | ccount of a deb         | t that benefited an |  |  |  |  |
|     | No   |  |  |                     |                         |                     |  |  |  |  |
|     | Yes. List all payments to an insider Insider's Name and Address  | Dates of payment                                       | Total amount                           | Amount you          | Reason for th           | is payment          |  |  |  |  |
|     |  | <b>,</b> , , , , , , , , , , , , , , , , , ,           | paid                                   | still owe           | Include credito         |                     |  |  |  |  |
| Par | t 4: Identify Legal Actions, Repossession  | s, and Foreclosures                                    |  |                     |                         |                     |  |  |  |  |
| 9.  | Within 1 year before you filed for bankrupto List all such matters, including personal injury modifications, and contract disputes.  No Yes. Fill in the details.  |  |  |                     |                         |                     |  |  |  |  |
|     | Case title   | Nature of the case                                     | Court or agency                        |                     | Status of the           | case                |  |  |  |  |
|     | Case number Alliance One vs. Debtor  | Civil  | Snohomish Co                           | unty District       | ☐ Pending               |                     |  |  |  |  |
|     | Amanos Gue vo. Bosto.  | G.V.II   | Ct<br>3000 Rockefell<br>Everett, WA 98 | er Ave              | ☐ On appeal ☐ Concluded |                     |  |  |  |  |
|     |  |  |  |                     | Paid                    |                     |  |  |  |  |
| 10. | Within 1 year before you filed for bankrupto Check all that apply and fill in the details below  ☐ No. Go to line 11.  ☐ Yes. Fill in the information below.  Creditor Name and Address  |  | rty repossessed, f                     | oreclosed, garnis   | shed, attached, s       | seized, or levied?  |  |  |  |  |
|     |  | Explain what happened                                  |  |                     |                         | property            |  |  |  |  |
|     | Alliance One<br>P.O. Box 3101  | Wages  |  | 2017                |                         | \$900.00            |  |  |  |  |
|     | Southeastern, PA 19398-3101  | ☐ Property was repossessed. ☐ Property was foreclosed. |  |                     |                         |                     |  |  |  |  |
|     |  | Property was garnished                                 | ed.                                    |                     |                         |                     |  |  |  |  |
|     |  | ☐ Property was attached                                | d, seized or levied.                   |                     |                         |                     |  |  |  |  |
| 11. | Within 90 days before you filed for bankrup accounts or refuse to make a payment beca  ■ No □ Yes. Fill in the details.  |  | uding a bank or fir                    | nancial institution | ı, set off any am       | ounts from your     |  |  |  |  |
|     | Creditor Name and Address  | Describe the action the                                | Date action was Amour taken            |                     |                         |                     |  |  |  |  |
|     |  |  |  |                     |                         |                     |  |  |  |  |

Case number (if known)

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 3

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Debtor 1 Paul Michael Heinrich

| Deb | otor 1       | Paul Michael Heinrich   |         | Case number  | (if known)                        |                          |
|-----|--------------|---|---------|--|-----------------------------------|--------------------------|
|     |              |   |         |  |                                   |                          |
| 12. |              | n 1 year before you filed for bankru<br>-appointed receiver, a custodian, o                                 |         | vas any of your property in the possession of an a<br>ner official?  | assignee for the bene             | efit of creditors, a     |
|     |              | No  |         |  |                                   |                          |
|     |              | ⁄es   |         |  |                                   |                          |
| Par | t 5:         | List Certain Gifts and Contribution   | s       |  |                                   |                          |
| 13. | Withi        | n 2 years before you filed for bankr  | uptcy,  | did you give any gifts with a total value of more th   | nan \$600 per person              | ?                        |
|     |              | No  |         |  |                                   |                          |
|     |              | Yes. Fill in the details for each gift.   | 0       | Describe the gifts   | Dates you gave                    | Value                    |
|     |              | person  | .0      | Describe the girts   | the gifts                         | value                    |
|     | Pers<br>Addr | on to Whom You Gave the Gift and ress:  |         |  |                                   |                          |
| 14. | _            | n 2 years before you filed for bankr  | uptcy,  | did you give any gifts or contributions with a tota  | I value of more than              | \$600 to any charity?    |
|     | -            | Yes. Fill in the details for each gift or c   | ontribu | tion.  |                                   |                          |
|     | more<br>Char | or contributions to charities that to than \$600 city's Name Tess (Number, Street, City, State and ZIP Code |         | Describe what you contributed  | Dates you contributed             | Value                    |
| Par |              |   | ,       |  |                                   |                          |
|     |              | List Certain Losses   |         |  |                                   |                          |
| 15. |              | n 1 year before you filed for bankru<br>mbling?   | ptcy oi | r since you filed for bankruptcy, did you lose anyt  | ning because of the               | t, fire, other disaster, |
|     |              | No  |         |  |                                   |                          |
|     | _ `          | Yes. Fill in the details.   |         |  |                                   |                          |
|     |              | cribe the property you lost and the loss occurred   |         | ribe any insurance coverage for the loss e the amount that insurance has paid. List pending  | Date of your loss                 | Value of property lost   |
|     |              |   |         | nce claims on line 33 of Schedule A/B: Property.   |                                   |                          |
| Par | t 7:         | List Certain Payments or Transfers  | \$      |  |                                   |                          |
| 16. | consu        | ulted about seeking bankruptcy or   | orepari | lid you or anyone else acting on your behalf pay or<br>ing a bankruptcy petition?<br>rs, or credit counseling agencies for services required |                                   | rty to anyone you        |
|     |              | No  |         |  |                                   |                          |
|     |              | Yes. Fill in the details.   |         |  |                                   |                          |
|     | Addr<br>Emai | on Who Was Paid<br>ress<br>il or website address<br>on Who Made the Payment, if Not Y                       | 'ou     | Description and value of any property transferred  | Date payment or transfer was made | Amount of payment        |
|     | 1904<br>Eve  | leman Law Group, P.C.<br>4 Wetmore Ave., Suite 200<br>rett, WA 98201<br>rtmail@expresslaw.com               |         | Attorney Fee - \$1200<br>Filing Fee - \$100<br>Credit Report Fee - \$33  | 10/26/2017                        | \$1,333.00               |
|     |              |   |         |  |                                   |                          |

Statement of Financial Affairs for Individuals Filing for Bankruptcy

| 17. | Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?  Do not include any payment or transfer that you listed on line 16.  |  |                          |                |  |   |
|-----|--|--|--------------------------|----------------|--|---|
|     | ☐ Yes. Fill in the details.  Person Who Was Paid  Address  | Description and va   | alue of any prope        | erty           | Date payment<br>or transfer was<br>made            | Amount of payment                             |
| 18. | Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?  Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.  No  Yes. Fill in the details. |  |                          |                |  |   |
|     | Person Who Received Transfer Address Person's relationship to you  | Description and va<br>property transferre                      |                          |                |  | Date transfer was made                        |
| 19. | <ul> <li>Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.)</li> <li>No</li> <li>Yes. Fill in the details.</li> </ul>   |  |                          |                |  |   |
|     | Name of trust  | Description and va   | alue of the prope        | rty transferre | ed   | Date Transfer was made                        |
|     | Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?  Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.  No Yes, Fill in the details.  |  |                          |                |  |   |
|     |  | st 4 digits of count number                                    | Type of accouninstrument | clos           | e account was<br>sed, sold,<br>ved, or<br>nsferred | Last balance<br>before closing or<br>transfer |
| 21. | <ul> <li>Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?</li> <li>No</li> <li>Yes. Fill in the details.</li> </ul>  |  |                          |                |  |   |
|     | Name of Financial Institution Address (Number, Street, City, State and ZIP Code)   | Who else had acce<br>Address (Number, State and ZIP Code)      |                          | escribe the c  | contents   | Do you still have it?                         |
| 22. | Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?  ■ No □ Yes. Fill in the details.  |  |                          |                |  |   |
|     | Name of Storage Facility Address (Number, Street, City, State and ZIP Code)  | Who else has or he to it? Address (Number, State and ZIP Code) |                          | escribe the c  | contents   | Do you still have it?                         |

Statement of Financial Affairs for Individuals Filing for Bankruptcy

| Pa   | t 9: Identify Property You Hold or Control for   | Someone Else  |                                       |                       |  |  |
|--|--|---|---------------------------------------|-----------------------|--|--|
| 23.  | Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone. |   |                                       |                       |  |  |
|  | ■ No □ Yes. Fill in the details.   |   |                                       |                       |  |  |
|  | Owner's Name<br>Address (Number, Street, City, State and ZIP Code)   | Where is the property?<br>(Number, Street, City, State and ZIP<br>Code)   | Describe the property                 | Value                 |  |  |
| Pai  | t 10: Give Details About Environmental Inform  | ation   |                                       |                       |  |  |
| For  | the purpose of Part 10, the following definitions  | apply:  |                                       |                       |  |  |
|  | Environmental law means any federal, state, or toxic substances, wastes, or material into the a regulations controlling the cleanup of these su    | ir, land, soil, surface water, ground                                     |                                       |                       |  |  |
|  | Site means any location, facility, or property as to own, operate, or utilize it, including disposal   |   | law, whether you now own, operate,    | or utilize it or used |  |  |
|  | Hazardous material means anything an environ hazardous material, pollutant, contaminant, or  | mental law defines as a hazardous   | s waste, hazardous substance, toxic s | substance,            |  |  |
| Rep  | ort all notices, releases, and proceedings that yo   | ou know about, regardless of whe  | n they occurred.                      |                       |  |  |
| 24.  | Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?                 |   |                                       |                       |  |  |
|  | ■ No □ Yes. Fill in the details.   |   |                                       |                       |  |  |
|  | Name of site<br>Address (Number, Street, City, State and ZIP Code)   | Governmental unit<br>Address (Number, Street, City, State an<br>ZIP Code) | Environmental law, if you know it     | Date of notice        |  |  |
| 25.  | Have you notified any governmental unit of any release of hazardous material?  |   |                                       |                       |  |  |
|  | ■ No □ Yes. Fill in the details.   |   |                                       |                       |  |  |
|  | Name of site Address (Number, Street, City, State and ZIP Code)  | Governmental unit Address (Number, Street, City, State an ZIP Code)       | Environmental law, if you know it     | Date of notice        |  |  |
| 26.  |  |   |                                       |                       |  |  |
|  |  |   |                                       |                       |  |  |
|  | ■ No □ Yes. Fill in the details.   |   |                                       |                       |  |  |
|  | Case Title Case Number   | Court or agency Name Address (Number, Street, City, State and ZIP Code)   | Nature of the case                    | Status of the case    |  |  |
| Pai  | t11: Give Details About Your Business or Con   | nections to Any Business  |                                       |                       |  |  |
| 27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business? |  |   |                                       |                       |  |  |
|  | ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time                                      |   |                                       |                       |  |  |
|  | ☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)   |   |                                       |                       |  |  |
|  | ☐ A partner in a partnership   |   |                                       |                       |  |  |
|  | ☐ An officer, director, or managing execu  | tive of a corporation   |                                       |                       |  |  |
|  | An owner of at least 5% of the voting or equity securities of a corporation  |   |                                       |                       |  |  |

Statement of Financial Affairs for Individuals Filing for Bankruptcy

|     | No. None of the above applies. Go to Part 12.  |   |   |  |  |
|-----|--|---|---|--|--|
| 28. | Yes. Check all that apply above and fill in the details below for each business.   |   |   |  |  |
|     | Business Name<br>Address<br>(Number, Street, City, State and ZIP Code)   | Describe the nature of the business  Name of accountant or bookkeeper | Employer Identification number Do not include Social Security number or ITIN.  Dates business existed |  |  |
|     | Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties. |   |   |  |  |
|     | ■ No □ Yes. Fill in the details below.   |   |   |  |  |
|     | Name Address (Number, Street, City, State and ZIP Code)  | Date Issued   |   |  |  |

Official Form 107 Statement of Financial Affairs for Individuals Filing for Bankruptcy

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| Debtor 1 _                    | Paul Michael Heinrich                     | Case number (if known)  |
|-------------------------------|---|---|
| Part 12: S                    | ign Below                                 |   |
| are true and<br>with a bankı  | correct. I understand that making         | ancial Affairs and any attachments, and I declare under penalty of perjury that the answers false statement, concealing property, or obtaining money or property by fraud in connection \$250,000, or imprisonment for up to 20 years, or both. |
| /s/ Paul M                    | ichael Heinrich                           |   |
| Paul Mich<br>Signature o      | ael Heinrich<br>f Debtor 1                | Signature of Debtor 2   |
| Date Oct                      | ober 30, 2017                             | Date  |
| Did you atta<br>■ No<br>□ Yes | ch additional pages to <i>Your Statei</i> | nt of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?  |
| Did vou pav                   | or agree to pay someone who is n          | an attorney to help you fill out bankruptcy forms?  |
| ■ No                          | c. ag. co to pay comocne who to h         |   |

☐ Yes. Name of Person \_\_\_\_\_. Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

# United States Bankruptcy Court Western District of Washington

| In 1             | e Paul Michael Heinrich  |   | Case No.  |                                     |  |
|------------------|--|---|---|-------------------------------------|--|
|                  |  | Debtor(s)   | — Chapter   | 13                                  |  |
|                  | DISCLOSURE OF COMPI  | ENSATION OF ATTORN  | EY FOR DE   | EBTOR(S)                            |  |
| 1.               | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 201 compensation paid to me within one year before the fil be rendered on behalf of the debtor(s) in contemplation   | ling of the petition in bankruptcy, or  | agreed to be paid                                 | to me, for services rendered or to  |  |
|                  | For legal services, I have agreed to accept  |   | \$  | 3,500.00                            |  |
|                  | Prior to the filing of this statement I have received  |   |   | 1,200.00                            |  |
|                  | Balance Due  |   |   | 2,300.00                            |  |
| 2.               | The source of the compensation paid to me was:   |   |   |                                     |  |
|                  | ■ Debtor □ Other (specify):  |   |   |                                     |  |
| 3.               | The source of compensation to be paid to me is:  |   |   |                                     |  |
|                  | ■ Debtor □ Other (specify):  |   |   |                                     |  |
| 4.               | ■ I have not agreed to share the above-disclosed con   | npensation with any other person unl  | ess they are mem                                  | bers and associates of my law firm. |  |
|                  | ☐ I have agreed to share the above-disclosed comper copy of the agreement, together with a list of the n   |   |   |                                     |  |
| 5.               | In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:  |   |   |                                     |  |
|                  | <ul> <li>a. Analysis of the debtor's financial situation, and reneb. Preparation and filing of any petition, schedules, st.</li> <li>c. Representation of the debtor at the meeting of creded. [Other provisions as needed] Negotiations with secured creditors to reaffirmation agreements and applicat 522(f)(2)(A) for avoidance of liens on head.</li> </ul> | atement of affairs and plan which ma<br>itors and confirmation hearing, and a<br>reduce to market value; exemplions as needed; preparation an | ny be required; ny adjourned hea  ption planning; | rings thereof;                      |  |
| 5.               | By agreement with the debtor(s), the above-disclosed to Representation of the debtors in any dany other adversary proceeding.  |   |   | es, relief from stay actions or     |  |
|                  |  | CERTIFICATION   |   |                                     |  |
| this             | I certify that the foregoing is a complete statement of a bankruptcy proceeding.   | any agreement or arrangement for page   | yment to me for re                                | epresentation of the debtor(s) in   |  |
| October 30, 2017 |  | /s/ Thomas D. Neele   |   |                                     |  |
|                  | Date   | Thomas D. Neelema<br>Signature of Attorney  | n   |                                     |  |
|                  |  | Neeleman Law Grou   |   |                                     |  |
|                  |  | 1904 Wetmore Ave.,  | Suite 200   |                                     |  |
|                  |  | Everett, WA 98201<br>(425) 212-4800 Fax:  | : (425) 212-4802                                  | 2                                   |  |
|                  |  | courtmail@express   |   |                                     |  |
|                  |  | Name of law firm  |   |                                     |  |
|                  |  |   |   |                                     |  |

ANGELA HEINRICH 12102 4TH AVE W APT 20203 EVERETT, WA 98204

DITECH
ATTN: BANKRUPTCY
PO BOX 6172
RAPID CITY, SD 57709

FLAGSTAR BANK ATTN: BANKRUPTCY DEPT 5151 CORPORATE DR TROY, MI 48098

IRS
CENTRALIZED INSOLVENCY
P.O. BOX 7346
PHILADELPHIA, PA 19101-7346

SPRINGLEAF FINANCIAL S 5920 EVERGREEN WAY STE F EVERETT, WA 98203

WATERFRONT FCU 2414 SW ANDOVER ST E-100 SEATTLE, WA 98106

WELLS FARGO DEALER SERVICES ATTN: BANKRUPTCY PO BOX 19657 IRVINE, CA 92623

WELLS FARGO HM MORTGAG 8480 STAGECOACH CIR FREDERICK, MD 21701

# **United States Bankruptcy Court** Western District of Washington

Case No.

|         |                                  | Debtor(s)   | Chapter            | _13                   |
|---------|----------------------------------|---|--------------------|-----------------------|
|         | VER                              | RIFICATION OF CREDITOR                            | MATRIX             |                       |
| The abo | ove-named Debtor hereby verifies | that the attached list of creditors is true and c | orrect to the best | of his/her knowledge. |
| Date:   | October 30, 2017                 | /s/ Paul Michael Heinrich Paul Michael Heinrich   |                    |                       |
|         |                                  | Signature of Debtor                               |                    |                       |

**Paul Michael Heinrich** 

In re